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SAN FRANCISCO DEPARTMENT OF

PUBLIC HEALTH

WEEKLY BULLETIN

1959 - 1961

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 5, 1959

REMODELING AT LAGUNA HONDA HOME

Funds for the remodeling and modernization of Laguna Honda Home have been made available in the approximate sum of $6,500,000. Of this total $5,475,000 has come from the 1954 Laguna Honda Home Bond Issue and the remainder from annual budget appropriations for deferred maintenance. All authorized work is now nearly 90% completed. All will be finally completed on about October 1, 1959.

Projects completed include boilers and auxiliary power equipment, new kitchen and bakery, additional elevators, connecting corridors, remodeling Clarendon Hall for 380 ambulatory men, new roads and parking, expansion of laundry facilities, steam mains and returns, new plumbing and electrical distribution system, floor covering and painting. Work in progress includes a new incinerator, clinical and diet laboratories, nursing central supply, ward improvements in E and F and K buildings, employees locker rooms and staff conference rooms.

One of the major accomplishments of the bond issue program is the addition of 270 hospital beds which will become available during the fall of 1959. In view of the high occupancy of hospital beds at Laguna Honda Home (over 99%) and the overcrowding at San Francisco General Hospital, these additional facilities are urgently needed. Plans and drawings are completed for the current fiscal year for installation of a wading pool in the Physical Therapy department for the treatment of paralysis and other handicaps, enlargement of the occupational therapy facilities for the training of handicapped patients in self help, and the modernization of elevators with proper safety features.

Work contemplated for 1959-60 now under consideration by City budget authorities includes plumbing, electrical system, floor covering and painting and other improvements in "L" building. Appropriations from deferred maintenance funds will be recommended for plumbing, electrical work, floor covering and painting in buildings M and O during 1960-61. Exterior painting of all buildings will be requested in about 1960-61. Excellent progress has been made towards completion of these improvements, especially in view of the fact that medical and nursing care was continuously provided during remodeling and reconstruction. Contractors frequently had to work in patient areas and some delays were unavoidable in order to prevent interruption of the therapy program. We are especially appreciative of the cooperation given the institution by the City Architects staff who made this progress possible.

STATISTICAL REPORT FOR THE WEEK ENDING JANUARY 2, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	15	15	1282	2233
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	14
GONORRHEA	27	32	2036	1785
INFECTIOUS HEPATITIS	4	0	70	37
INFLUENZA	0	-	177	392
MEASLES	19	12	2490	803
MUMPS	13	16	1478	1026
POLIOMYELITIS	0	1	10	24

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	22
SALMONELLOSIS	3	1	71	83
SCARLET FEVER	1	4	298	238
SYPHILIS	6	5	683	570
TUBERCULOSIS	3	11	493	545
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	2	1	60	91
POLIOMYELITIS (DISEASE YEAR)**	-		9	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5
TUBERCULOSIS	3

	1958	1957
DEATHS RECORDED FOR THE WEEK	180	189
BIRTHS RECORDED FOR THE WEEK	273	384

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

** DISEASE YEAR BEGINS APRIL 1ST

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 12, 1959

THE SCHOOL HEALTH EXAMINATION

Although San Francisco is sometimes thought of as a community from which families with young children are moving, our school population continues to increase each year. During the last five years, for example, school records indicate an increase of approximately 17,000, 4500 of which occurred between 1956 and 1957. Added to this is the fact that the Statistical Division of the Unified School District estimates that this increase will continue at the rate of about 5% a year for the next few years at least.

Besides this numerical increase there has also been a change in the economic status, racial background, transiency and social characteristics of the school population. Many of the new students coming into the county for the first time are found to have had insufficient medical care as small children, are often incompletely protected by inoculations against communicable diseases and usually have uncorrected health problems far in excess of the children in our normal urban population. All of this makes for a greater load of services required for this age group and a more concentrated and complete health program.

In San Francisco, the school health services are provided to all public and parochial schools through the Department of Public Health which assigns a public health nurse and a school physician to each school on a regular basis. Since the prime responsibility for the child's health rests with his family, every effort is made to refer the child to his own private physician or clinic for periodic examination. If the family is unable to arrange this, the examination is done in school every three or four years by the school physician with the parents present whenever possible.

The number of forms returned to us by private physicians indicates that these examinations have increased in number from 4477 in 1955 to 16,511 in 1957. During this same period the number of examinations done by our school physicians has increased from 16,737 to 24,918. Between these two sources therefore, 20,000 more children were examined in the school health program in 1957 than were examined in 1955. By means of these periodic health appraisals, during the child's school life, small deviations from a normal health pattern as well as specific handicapping conditions or new health problems are uncovered. Any or all of these affect the child's learning ability.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 9, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	50	30	50	6
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	1	0	0
GONORRHEA	27	29	27	33
INFECTIOUS HEPATITIS	0	0	0	0
INFLUENZA	0	-	0	19
MEASLES	50	12	50	8
MUMPS	46	19	46	5
POLIOMYELITIS	0	1	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	2	0	2	0
SCARLET FEVER	3	3	3	1
SYPHILIS	18	4	18	12
TUBERCULOSIS	9	9	9	5
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	2	3	2	3
POLIOMYELITIS (DISEASE YEAR)**	-		0	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	9
SYPHILIS	2
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	232	176
BIRTHS RECORDED FOR THE WEEK	418	326

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 19, 1959

1958 PROVISIONAL ESTIMATES OF VITAL STATISTICS BY OCCURRENCE IN SAN FRANCISCO

	1958 PROVISIONAL	1957 FINAL
BIRTHS	20,300	20,512
DEATHS	9,850	10,036
DEATHS UNDER 1 YEAR OF AGE	520	515
NEONATAL DEATHS	400	378
MATERNAL DEATHS	9	7
FETAL DEATHS	270	251
SOME IMPORTANT CAUSES OF DEATH BY OCCURRENCE		
HEART DISEASE	3,600	3,597
CANCER	2,050	2,163
VASCULAR LESIONS OF THE C.N.S.	920	932
CIRRHOSIS OF THE LIVER	495	391
ACCIDENTS	400	458
DISEASES OF EARLY INFANCY	330	304
PNEUMONIA	230	208
SUICIDES	200	199
CONGENITAL MALFORMATIONS	175	189
ARTERIO-SCLEROSIS	150	174
DIABETES	110	97
ULCERS OF STOMACH AND DUODENUM	105	102
TUBERCULOSIS	50	69
HOMICIDES	35	32

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The table above shows the preliminary estimates of births and deaths and some important causes of death as they occurred in San Francisco in 1958 as compared with the final figures for 1957. It appears that about 200 fewer births and 200 fewer deaths took place in San Francisco in 1958. It should be noted that approximately half of the maternal deaths were preventable in that they resulted from self-induced abortions. With respect to specific causes of death, the figure for cirrhosis of the liver will be decreased by excluding non-residents.

We are proud of the continued decrease in tuberculosis as a cause of death. The number of cases of tuberculosis found is not decreasing nearly as rapidly as deaths from that disease. This has resulted in a large increase in our outpatient services for the tuberculous, with the occupancy of hospital beds for the tuberculous remaining about the same.

All in all, these data indicate that San Francisco still has a basic problem of diseases affecting people in the older age groups and another problem affecting infants who are at the other end of the spectrum of life.

STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 16, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	45	48	95	20
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	0	2
GONORRHEA	65	37	92	77
INFECTIOUS HEPATITIS	3	1	3	5
INFLUENZA	0	-	0	39
MEASLES	80	36	130	45
MUMPS	31	34	77	20
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	3	4	5	4
SCARLET FEVER	4	5	7	9
SYPHILIS	9	7	27	23
TUBERCULOSIS	7	8	16	11
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	0	2	3
POLIOMYELITIS (DISEASE YEAR)**	-		0	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	7
INFECTIOUS HEPATITIS	1
SYPHILIS	1
TUBERCULOSIS	3
INFLUENZA	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	272	236
BIRTHS RECORDED FOR THE WEEK	387	416

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 26, 1959

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THE CHEST CLINIC

The Chest Clinic at San Francisco General Hospital, administered and operated by the Health Department's Tuberculosis Control Division, is the largest specialty clinic in the city, being second only to the clinics at the medical schools in the total number of patient visits and having one-third more visits last year than any private clinic. A small staff of physicians, specialists in tuberculosis, assisted by six Registered Nurses, examine and treat all the patients. In addition, a Public Health Nurse and a Medical Social Worker are in attendance to assist the patients with their problems. The clinic is open from 8:00 A.M. to 5:00 P.M. Monday through Friday, and from 6:00 P.M. to 8:00 P.M. Wednesday. Following diagnosis, the patient is referred to private care if funds or insurance is available. The medically indigent are treated by the Health Department.

During the past six years the whole treatment of tuberculosis has changed markedly. Today the patient receives about 25% of his care in the hospital and 75% as an out-patient. Consequently, the public health aspects of the disease have assumed greater importance and clinic treatment has increased by approximately 600%. This has resulted in a large saving of tax money, since the cost of out-patient care is less than $1.00 per day, whereas hospital treatment is more than $21.00 per day.

What is more important is that the out-patient treatment afforded by the Chest Clinic today returns the patient to his family and community much earlier. The emotional suffering by both patient and family, due to prolonged hospitalization in the past cannot be measured in dollars and cents. But with the new advantages there are inherent new problems. The Health Department is cognizant of these problems and long range plans are now being developed to meet them, and thus bring about further improvements in the prevention of the disease and total care of the tuberculous patient.

STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 23, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	43	36	138	34
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	0	1
GONORRHEA	58	37	150	120
INFECTIOUS HEPATITIS	2	0	5	9
INFLUENZA	0	-	0	66
MEASLES	48	30	178	98
MUMPS	27	36	104	63
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	0	0	5	4
SCARLET FEVER	4	5	11	16
SYPHILIS	19	5	46	31
TUBERCULOSIS	11	12	27	16
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	2	2	4
POLIOMYELITIS (DISEASE YEAR)**		-	0	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
HEPATITIS	1
PNEUMONIA	5

	1959	1958
DEATHS RECORDED FOR THE WEEK	190	272
BIRTHS RECORDED FOR THE WEEK	311	318

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 2, 1959

HASSLER HEALTH HOME

San Francisco's tuberculosis sanatorium, Hassler Health Home, operated and administered by the Department of Public Health, is located thirty miles south of this city and four miles west of Redwood City. The sanatorium was opened on October 27, 1927 with a bed capacity of fifty, reached a maximum capacity of 262 beds by 1941 and is now down to 237. At present there are four full-time and two part-time Physician Specialists, twenty-three registered nurses and eighty-two other employees. Besides the approved medical and nursing care, dietary and other services are given regularly to the patients. There are two rooms for Arts and Crafts classes, a patients' library, a small community store, a classroom for weekly meetings and health education and a large auditorium for church services and weekly movies. There are also earphones connected to each bed for radio and a television set in each recreational area.

As the tuberculous patients at San Francisco General Hospital recover from the acute stages of the disease, they are transferred to Hassler Health Home for continued care. Since the introduction of anti-microbial drugs ten years ago, the type and number of patients housed at the sanatorium has gradually changed. At present there are 170 patients, of whom approximately fifty per cent are predominantly custodial cases, who may require institutional care for years before their recovery is complete. Many of these patients have medical problems in addition to tuberculosis, e.g., heart disease, diabetes, arthritis, loss of limb, chronic brain syndrome, alcoholism or cirrhosis of the liver.

Most of the patients are content, cooperative and continue to improve their health under the present program. However, in two fields, viz., physical rehabilitation and patient education as an integral part of treatment and an incentive toward recovery, much remains to be done. While we have made some small beginnings toward establishing programs in these particular subjects, and hope to broaden our efforts in the near future, we would welcome any voluntary assistance and materials which would enable us to make the patient's stay comfortable and reasonably happy and hasten his eventual recovery.

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STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 30, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	49	48	187	77
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	0	2
GONORRHEA	38	38	189	157
INFECTIOUS HEPATITIS	1	0	6	10
INFLUENZA	0	-	0	90
MEASLES	44	33	222	134
MUMPS	33	32	137	96
POLIOMYELITIS	0	1	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	1	2	1	2
SALMONELLOSIS	1	1	6	4
SCARLET FEVER	7	9	18	26
SYPHILIS	8	9	54	42
TUBERCULOSIS	6	11	33	33
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	2	5
POLIOMYELITIS (DISEASE YEAR)**	-		9	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	200	228
BIRTHS RECORDED FOR THE WEEK	510	411

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 9, 1959

PREGNANCY AND DENTAL HEALTH

Despite the old saying "A tooth for every child", it is not necessary for pregnant women to lose their teeth. Some do - but the cause is not really pregnancy. Other factors, such as neglected oral hygiene, the increased consumption of sweets, or other environmental factors may lead to the increase in decay or to the development of diseases of the gums that occur in some wemen during pregnancy. Sometimes a gum infection is, at least in part, the result of changes in the hormones or blood vessels during pregnancy, but this is rarely the case. Usually it is the end result of poor dental care.

Neither is there any truth in the old wives' tale that dental treatment is dangerous for an expectant mother. Everyone should visit his or her dentist regularly for check-ups and for necessary treatment and this applies equally well to pregnant women. Unless her obstetrician advises otherwise, she should have all the dental care she needs, including extractions. However, a woman should arrange not to have extensive dental treatment during the later months of pregnancy.

It is also important for the expectant mother and her child to eat a well-balanced diet containing adequate amounts of proteins, minerals, fats and other nutritive elements found in food. The developing baby needs calcium and phosphorus for the teeth that begin to form about the sixth to eighth week of pregnancy. These elements as well as fluorine are essential to the proper calcification of the dental enamel. By being incorporated into the structure of the teeth while they are developing in the jaws and before hardening of the enamel is completed, fluorine increases the decay resistant qualities of the teeth. The fortunate children, such as those residing in San Francisco, who are supplied with fluoridated water from birth or very early childhood, will receive maximum benefits from this natural element which will last into their adult years.

In summary, then, the general rules of good dental health are equally applicable during pregnancy. The expectant mother should eat a well-balanced diet, low in sweets, observe good oral hygiene by brushing the teeth after every meal and see the dentist regularly.

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STATISTICAL REPORT FOR THE 5th WEEK ENDING FEBRUARY 6, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	25	47	212	89
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	1	0	2
GONORRHEA	51	36	240	202
INFECTIOUS HEPATITIS	5	1	11	9
INFLUENZA	0	-	0	116
MEASLES	33	18	255	152
MUMPS	18	28	155	138
POLIOMYELITIS	0	1	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	1	0	2	2
SALMONELLOSIS	2	1	8	5
SCARLET FEVER	3	7	21	38
SYPHILIS	20	10	74	54
TUBERCULOSIS	12	14	45	44
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	2	2	7
POLIOMYELITIS (DISEASE YEAR)**	-		9	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	177	204
BIRTHS RECORDED FOR THE WEEK	308	447

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 16, 1959

EDUCATION FOR PARENTHOOD

In some primitive and backward countries childbirth is a mysterious ritual which is influenced by superstition and folkways. Lack of sanitation and poor standards of living usually contribute to high rates of infant and maternal mortality in such countries. Even in our country where people are more literate, where living standards are better and the best medical and hospital services are taken for granted, many people know very little about childbearing.

Inadequate knowledge may exist among parents who are otherwise well educated. Many dramatic articles regarding labor and delivery have appeared in popular print during recent years. It is doubtful whether such material increases the comfort or competency of prospective parents, and may give the impression that the chief need during pregnancy is to assure physiological ability and technical assistance at parturition. Important though this is, statistical evidence indicates that prospective parents need to care for themselves more effectively between visits to their physician if maternal and perinatal morbidity is to be reduced. For example, in relation to toxemia, emphasis is placed on weight control during pregnancy. Almost all mothers can lose weight when necessary. The difficulty arises when the reduction of calories is achieved by giving up essential nutrients rather than favorite foods. Reviews of the eating habits and concepts of teen-age girls have indicated that lack of knowledge and poor nutrition are not limited to the underprivileged.

The San Francisco Department of Public Health provides antepartal classes for prospective parents, with the goal of improving both physical and mental health. The instruction which is given is in no way a substitute for antepartal care. It is a supplementary service in which the importance of understanding and following medical advice is stressed. We believe that discussion and thinking by parents who attend classes helps them to cooperate more fully with their physicians. They also acquire more self-confidence in their ability to become good parents.

Information about Parents' Classes may be secured by calling UN 1-4701.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 13, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	22	49	234	115
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	0	2
GONORRHEA	42	29	282	258
INFECTIOUS HEPATITIS	1	1	12	13
INFLUENZA	1	-	1	120
MEASLES	37	33	292	165
MUMPS	18	54	173	199
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	1	2	3
SALMONELLOSIS	1	2	9	6
SCARLET FEVER	2	5	23	47
SYPHILIS	20	10	94	65
TUBERCULOSIS	13	18	58	53
TYPHOID FEVER	1	0	1	0
WHOOPING COUGH	0	0	2	7
POLIOMYELITIS (DISEASE YEAR)**		-	9	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 8

	1959	1958
DEATHS RECORDED FOR THE WEEK	168	213
BIRTHS RECORDED FOR THE WEEK	282	345

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 24, 195

THE PUBLIC HEALTH NURSE IN THE COMMUNITY

No public health program can be effective without the cooperation of the community individually and collectively, and it is the public health nurse who does much to en sure that cooperation. She does this by getting to know the people she serves - whe and how they live, work and play - by acquainting herself with the medical, health a social facilities of the city, and by making herself available to all members of th community and its organized services.

Because many maternal and infant deaths are preventable and are due in many instance to ignorance of the need for medical supervision and of the practices of healthfu living, one of the nurse's important functions is the implementation of the Healt Department's maternal and child health program. To this end she conducts prenata classes and assists in well baby clinics which are designed to keep mothers and babie well and to detect early and refer for action any signs of conditions that may requir medical attention or social assistance. She makes home visits (last year these amounted to over 100,000) to persons and families suffering from communicable diseases an instructs families on how to carry out simple procedures of home nursing. She watche for signs of illness and physical defects in the 118,000 children in our 202 publi and parochial schools and encourages parents to have them corrected. Together wit the teacher she helps to instill in the children those principles of good health whic will result in their living at the peak of their efficiency. At the other end of th life span, the public health nurse interprets the needs of older people to those i whose homes they live, the changes in their dietary needs, in sleeping habits and attitudes. It is her job to know something of the symptoms of most diseases and o mental and emotional disturbances and to know the community resources for dealing wit those problems and help to arrange for necessary care. In addition, she is expecte to participate in community activities such as the PTA, serve on committees and b available to speak to groups which extend invitations to her.

These are some of the day to day duties of each of our 146 public health staff nurse assigned to nine district health centers throughout the city. Trained to prevent il health, her work centers on the family and stretches out from the home into all pa of the community life. By guiding the family toward better health and helping t prevent disease before it strikes, the public health nurse safeguards and improv the general health of the community as a whole.

STATISTICAL REPORT FOR THE 7th WEEK ENDING FEBRUARY 20, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	37	55	271	159
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	0	3
GONORRHEA	35	34	317	300
INFECTIOUS HEPATITIS	2	0	14	13
INFLUENZA	0	-	1	126
MEASLES	58	33	350	184
MUMPS	39	38	212	237
POLIOMYELITIS	0	1	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DA
RHEUMATIC FEVER	1	0	3	
SALMONELLOSIS	1	1	10	
SCARLET FEVER	10	6	33	5
SYPHILIS	27	12	121	8
TUBERCULOSIS	10	12	67	6
TYPHOID FEVER	0	0	1	
WHOOPING COUGH	1	0	3	8
POLIOMYELITIS (DISEASE YEAR)**		-	9	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

CHICKENPOX ENCEPHALITIS	1
PNEUMONIA	3
STREPTOCOCCAL SORE THROAT	1

	1959	195
DEATHS RECORDED FOR THE WEEK	257	20
BIRTHS RECORDED FOR THE WEEK	464	37

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 2, 1959

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THE HOPEFUL HEART

For some time now, chronic disease epidemiologists have been emphasizing the fact that heart disease among middle aged American men is causing them to die off at a more rapid rate than their European counterparts and that they are more vulnerable than men or women of past generations in this country. Bringing this even closer to home is the fact that in 1958, out of a total of approximately 9850 deaths in San Francisco, about 3600 were due to this disease alone. This means that in this city diseases of the heart and vascular system accounted for almost half of all the deaths and about one-fourth of all these deaths were due to one disease, viz., coronary heart disease.

However startling these figures may be, we can find some consolation and hope in the following facts: (1) More can be done for hearts today and heart patients are better off than at any previous time in the history of the world. Their good luck lies in the fact that some forms of heart disease that were formerly considered incurable can now be either cured or remedied so effectively that a happy and useful life is assured. (2) Coronary victims need not be doomed to ihvalidism. Not only are more and more people recovering from heart disease but studies show that 80% of those who have a "coronary" survive their first attack and that most go back to work and enjoy many useful years. Those who observe sensible safeguards about work, activity, diet, weight control and rest generally live as comfortably as if their hearts had never been in trouble. (3) Though heart research still has a long way to go, astonishing progress has been made where hope seemed impossible only a few short years ago. Every day medical science is making new techniques, new tools and new drugs available which are of inestimable value in diagnosing and treating heart cases. By providing improved methods of detection and treatment and by studying the underlying problems of causation, research is gradually and surely pointing the way toward the reduction of coronary heart disease and thus lengthening life.

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 27, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	64	45	335	204
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	0	3
GONORRHEA	40	30	357	335
INFECTIOUS HEPATITIS	0	0	14	15
INFLUENZA	2	-	3	132
MEASLES	36	34	386	217
MUMPS	18	28	230	291
POLIOMYELITIS	1	0	1	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	1	0	4	3
SALMONELLOSIS	2	1	12	6
SCARLET FEVER	5	6	38	59
SYPHILIS	8	7	129	86
TUBERCULOSIS	6	14	72	80
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	1	3	9
POLIOMYELITIS (DISEASE YEAR)**		-	10	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 11

	1959	1958
DEATHS RECORDED FOR THE WEEK	220	213
BIRTHS RECORDED FOR THE WEEK	358	381

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 9, 1959

A RECKLESS APATHY

In 1958 there were more cases of paralytic poliomyelitis in the United States than in 1957. The rates for paralytic cases were highest in the one year olds and more than half of the total number of cases occurred in children under five years of age. In California there were 286 cases, 200 of which were paralytic and it is revealing that 87% of these cases occurred in persons who had not been immunized. San Francisco contributed to this total with 10 cases, eight of which occurred in the 15 to 35 age group.

The calculated risk of acquiring polio after the age of forty is relatively small and it is extremely high below the age of nineteen. The chances of acquiring paralytic polio and particularly fatal paralysis is higher however among adults and among older teen agers. Yet it is estimated that less than half of our children under the age of six and those in the 15 to 40 age group have as yet been vaccinated.

The nationwide use of the Salk vaccine during the past three years has shown remarkable results in lowering the incidence of polio and there is no lack in the availability of the vaccine or vaccination services. Why then this reckless apathy toward immunization? According to a recent state survey, most of the reasons are based on procrastination, indifference and neglect. "Haven't bothered", or "Too busy" or "Just neglected to get the shots", constituted the majority of the reasons given for failing to be immunized. Many of those in the low-income group indicated that they did not seek protection because of the expense involved. Yet polio epidemics occur principally in areas where the socio-economic status is low and where there has been a regrettable apathy toward vaccination or reluctance to be vaccinated.

Protection from polio is a community affair, based on constant vigilance and on each individual's concern for his own health and that of the community as a whole. Private physicians are anxious to vaccinate their patients, and the Health Department is steadily meeting the needs of those in the lower economic groups. A person who has received the three shots of vaccine is usually safe from the disease. But this does not confer immunity on those who neglect to be vaccinated. The whole community is safe only when all its more susceptible members have been vaccinated. The extent to which we meet this objective, by our individual and community efforts will measure our success in eliminating this tragic disease.

STATISTICAL REPORT FOR THE 9th WEEK ENDING MARCH 6, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	53	61	388	249
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	0	3
GONORRHEA	35	31	392	386
INFECTIOUS HEPATITIS	1	1	15	16
INFLUENZA	6	-	9	136
MEASLES	84	25	470	241
MUMPS	34	41	264	362
POLIOMYELITIS	0	0	1	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	4	3
SALMONELLOSIS	3	1	15	6
SCARLET FEVER	8	7	46	68
SYPHILIS	18	6	147	112
TUBERCULOSIS	3	14	75	94
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	1	3	11
POLIOMYELITIS (DISEASE YEAR)**			10	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	198	210
BIRTHS RECORDED FOR THE WEEK	398	502

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 16, 1959

SANITATION AND HOUSING

The Health Department's sanitation program which embraces practically all aspects of environmental control in this community, has a major interest in its housing. The Bureau of Sanitation carries out its responsibilities in this regard by enforcing those sections of the San Francisco Health Code and the State Health and Safety Code relative to the hygiene of housing. To these has been added our recently enacted local housing code which supersedes the State law and which now provides us with an additional effective tool in the enforcement of these provisions. Among other things, the new local code includes regulations pertinent to the annual inspection and issuance of a Permit of Occupancy for the approximately 10,000 multiple dwellings in San Francisco. It also provides authority for city-wide participation in Urban Renewal and Slum Clearance activities in conjunction with other governmental agencies, for the prevention of blight and deterioration of structures due to neglect, overcrowding, obsolescence, illegal conversion of structures, improper use and occupancy, poor sanitation and improper lighting and ventilation.

Although the Health Department is not responsible for the housing inspection of single family dwellings and flats, it is responsible for their overall sanitary condition. During the year ending June 1958 a total of 9,105 inspections of such dwellings were made, all of which arose from complaints from individuals and the police and fire departments. Usually these complaints are due to the illegal maintenance of small animals, odors, insanitary conditions frequently characterized by lack of running water or adequate toilet facilities, dangerous use of cooking or heating appliances, vermin infested living quarters or illegal activities not permitted in dwellings. Many of these cases, as well as those involved in Urban Renewal and Slum Clearance take time to resolve since the legal rights of the individuals concerned must be respected and frequently involve referring such cases for action by this department or to the Civil Courts for vacation, condemnation, or final adjudication.

Constant vigilance by this Department in education and the enforcement of these regulations is basic to and an integral part of our sanitation programs objective to enable all of us to enjoy life in surroundings which are healthfully pleasant and safe.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 13, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	85	81	473	286
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	1	3
GONORRHEA	53	32	445	430
INFECTIOUS HEPATITIS	3	1	18	19
INFLUENZA	1	-	10	142
MEASLES	65	69	535	310
MUMPS	53	33	317	386
POLIOMYELITIS	0	1	1	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	4	3
SALMONELLOSIS	1	2	16	7
SCARLET FEVER	9	7	55	75
SYPHILIS	15	8	162	124
TUBERCULOSIS	11	13	86	109
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	1	3	15
POLIOMYELITIS (DISEASE YEAR)**	-		10	16

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DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	209	204
BIRTHS RECORDED FOR THE WEEK	394	343

*NORMAL EXPECTANCY BASED ON 5-FIVE YEAR MEDIAN

**DISEASE YEAR BEGINS ON APRIL 1ST

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 23, 1959

SHOE FITTING FLUOROSCOPES ELIMINATED

Man always has been exposed to radiation from natural sources but the advent of the nuclear reactor about fifteen years ago has brought about an abundant supply of artificially created radioactive materials for peaceful use by medicine, science and industry, as well as for military purposes. Newer knowledge indicates that radiation exposure levels previously thought safe may not be without risk. With public exposure to radiation from all sources increasing, we are faced with the responsibility of balancing the hazards of radiation against the benefits to mankind. Certainly the public should not hesitate to receive controlled radiation used with proper safeguards by qualified personnel in diagnosis and treatment when this is medically indicated. However, the public should avoid all unnecessary exposure to radiation.

One such unnecessary radiation exposure is from the use of x-ray fluoroscopes for the fitting of shoes. These devices are used by salesmen with no professional training in the use of radiation devices, many of whom regard the machines primarily as a sales device. Orthopedic authorities state that the use of the fluoroscope is unnecessary for proper fitting of shoes. Morever, excessive exposure from inadequate shielding of the rays, or too long or too frequent exposure results in dangerous radiation - a hazard to both the customer and store employee. Shoe-fitting fluoroscopes are especially dangerous as they are used mainly on children whose tissues are more susceptible to radiation and because the shorter the individual the more likelihood there is that radiation will scatter upward to the reproductive organs.

A year ago the San Francisco Department of Public Health surveyed the use of shoe-fitting fluoroscopes in San Francisco stores. Of the 235 shoe stores in the city only ten had fluoroscopes and one-half of these had not been in use for five or more years. The remaining five machines which were in use were tested with the assistance of the State Department of Public Health and it was found that none of the five were adequately shielded to prevent scatter radiation. The monitoring of one fluoroscope resulted in a reading far in excess of allowable limits, indicating frequent use of an improperly functioning machine. Although the Department had no legal authority to control or prohibit these devices, we talked to the owners, and following discussion on the radiation hazards involved and the standards which should be observed, all five of these shoe store operators agreed to discontinue the use of this hazardous equipment. As far as is known, there are now no shoe fluoroscopes in use in San Francisco.

STATISTICAL REPORT FOR THE 11th WEEK ENDING MARCH 20, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	78	81	551	355
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	1	3
GONORRHEA	32	38	477	468
INFECTIOUS HEPATITIS	2	1	20	19
INFLUENZA	1	-	11	142
MEASLES	84	40	619	347
MUMPS	38	53	355	439
POLIOMYELITIS	0	1	1	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	4	3
SALMONELLOSIS	1	2	17	8
SCARLET FEVER	8	7	63	90
SYPHILIS	11	10	173	139
TUBERCULOSIS	9	9	95	118
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	1	3	15
POLIOMYELITIS (DISEASE YEAR)**			10	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	175	204
BIRTHS RECORDED FOR THE WEEK	373	450

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 30, 1959

FOOD ADDITIVES AND SUPPLEMENTS

The American food industry provides us with an abundance of quality foods unsurpassed in variety and nutritional value. Deficiency diseases such as rickets have practically disappeared and health problems associated with overweight rather than underweight have become common. Actually Americans have to go out of their way to avoid being well nourished. Nevertheless, considerable interest has been centered in various kinds of food supplements, which have been made available for food enrichment by chemical and pharmaceutical manufacturers. Milk, margarine, rice, flour and many other important foods are now enriched with vitamins and minerals under standards set by the Food and Drug Administration. Of course, these dietary supplements in the proper amounts have a recognized place in modern nutrition and preventive medicine. However, they are not a substitute for medical care in the event of illness and they certainly fall far short of meeting some of the extravagant claims put forth by unscrupulous promotors. Qualified nutritionists regard our common foods as the best sources of vitamin and mineral requirements. For most of us the ingestion of dietary supplements outside the regular balanced diet is a costly and useless indulgence. The public should distrust any suggestion of self-medication with vitamins or minerals but should rely on the family doctor for guidance, for he is in the best position to recognize conditions which require special dietary supplementation.

Along with an abundant and varied supply of food, Americans consume an estimated 400 chemicals which are added to foods in the form of preservatives, emulsifiers, coloring agents, mold inhibitors, moisteners etc. If safe, these food additives serve a useful purpose in maintaining the appearance and quality of foods. It is interesting therefore, to note that a new amendment to the federal food and drug law went into effect this month. It requires that before any chemical is added to food its safety must be proved in advance of its being placed on the market. Previously the Food and Drug Administration had to prove a chemical unsafe after the food was available to the public and then bring court action to stop its sale. This was unrealistic, as the procedure usually required two or more years. Under the new law, the burden of proof is on the food industry, which must provide test results to the Food and Drug Administration. If that agency is satisfied it will issue regulations on conditions which must be met in using the chemical additive. The need for the new law has been intensified by increased knowledge of food processing chemicals and the growing number of additives now being used. The health of the public will be better protected under the new legislation.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 27, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	51	98	602	383
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	1	2	4
GONORRHEA	38	33	515	514
INFECTIOUS HEPATITIS	1	1	21	20
INFLUENZA	7	-	18	152
MEASLES	68	70	687	417
MUMPS	21	46	376	485
POLIOMYELITIS	0	1	1	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	2	4	3
SALMONELLOSIS	4	2	21	9
SCARLET FEVER	6	8	69	106
SYPHILIS	25	5	198	144
TUBERCULOSIS	14	9	109	125
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	4	1	7	15
POLIOMYELITIS (DISEASE YEAR)**		-	10	17

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

EPILEPSY	1
PNEUMONIA	7

	1959	1958
DEATHS RECORDED FOR THE WEEK	184	205
BIRTHS RECORDED FOR THE WEEK	339	304

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 6, 1959

CARBON MONOXIDE

Carbon monoxide, or CO as it is chemically known, is a gas which one cannot see, taste nor smell, and its presence does not cause the eyes to smart, the throat to tickle nor in any way give an immediate warning. Because it is such a subtle poison, CO is a particularly dangerous gas when breathed. Ordinarily, of course, the red cells in the blood carry oxygen from the lungs to all parts of the body. But CO can combine with the red cells 200 times as easily as can oxygen. When CO is breathed it displaces oxygen causing illness or death. In low concentrations of CO the symptoms are unexplained headache, dizziness and sleepiness. The symptoms of acute poisoning are severe headache, weakness and dizziness, dimness of vision, nausea and vomiting - leading to unconsciousness and respiratory failure. Carbon monoxide is produced by incomplete burning or oxidation of carbon-containing fuels —solid, liquid or gaseous. The combination of the gas and insufficient ventilation leads to CO poisoning.

When carbon monoxide poisoning occurs prompt first aid may save a life. The first step is to remove the victim to fresh air immediately and if the breathing is not regular to begin artificial respiration. A doctor or emergency ambulance should be called and artificial respiration continued unless otherwise directed by the doctor. As the administration of oxygen will greatly speed up the elimination of CO from the blood, equipment for instituting oxygen inhalation is important. Inhalation should be continued for 15 to 20 minutes after natural breathing returns. The patient should be kept warm and quiet.

While there were only three accidental deaths from CO poisoning in San Francisco in 1958, there was an average of seven deaths per year the previous five years. As with any kind of accident hazard, prevention of needless death and illness is the best way to deal with the problem. From time to time we have called attention to the danger of CO poisoning from unvented or improperly installed gas heaters. This caution should apply to any gas heating or cooking equipment including furnaces, stoves and flues. These hazards also exist in summer homes, particularly after they have been closed for the season, and in motels and tourist camps which use individual gas heaters. Finally we should give year round attention to the hazards of CO from automobile exhaust. Check for loose or leaking manifolds, mufflers and exhaust pipe connections, and never run the engine in a closed garage or with the windows tightly closed.

STATISTICAL REPORT FOR THE 13th WEEK ENDING APRIL 3, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	52	95	654	449
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	4
GONORRHEA	55	28	570	541
INFECTIOUS HEPATITIS	0	1	21	21
INFLUENZA	6	-	24	156
MEASLES	92	90	779	507
MUMPS	54	44	430	529
POLIOMYELITIS	0	0	1	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	4	3
SALMONELLOSIS	0	1	21	9
SCARLET FEVER	4	6	73	114
SYPHILIS	14	10	212	153
TUBERCULOSIS	15	14	123	134
TYPHOID FEVER	0			0
WHOOPING COUGH	0	0	7	15
POLIOMYELITIS (DISEASE YEAR)**				0

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DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 8
TUBERCULOSIS (ADRENAL) 1

	1959	1958
DEATHS RECORDED FOR THE WEEK	240	201
BIRTHS RECORDED FOR THE WEEK	418	395

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 13, 1959

SAN FRANCISCO'S LEADING CAUSES OF DEATH FOR RESIDENTS
(Rates per 100,000 Estimated Population.)

	1958			1957		
	RANK	NUMBER	RATE	RANK	NUMBER	RATE
TOTAL ALL CAUSES	-	9375	1185.1	-	9600	1237.1
HEART DISEASES	1	3635	459.5	1	3684	474.7
MALIGNANT NEOPLASMS	2	1612	203.8	2	1743	224.6
VASCULAR LESIONS OF C.N.S.	3	963	121.7	3	971	125.1
ACCIDENTS	4	492	62.2	4	537	69.2
CIRRHOSIS OF THE LIVER	5	363	45.9	5	367	47.3
INFLUENZA & PNEUMONIA	6	286	36.2	6	303	39.0
CERTAIN DISEASES OF EARLY INFANCY	7	264	33.4	7	246	31.7
SUICIDES	8	198	25.0	8	194	25.0
ARTERIOSCLEROSIS	9	170	21.5	9	189	24.4
ULCERS OF STOMACH & DUODENUM	10	107	13.5	12	86	11.1
DIABETES	11	105	13.3	10	93	12.0
TUBERCULOSIS	12	77	9.7	13	78	10.0
CONGENITAL MALFORMATIONS	13	72	9.1	11	90	11.6

The crude death rate for San Francisco residents was lower in 1958 than 1957, reflecting the 2% decrease in the number of deaths and the 2% increase in the estimated population from 776,000 in 1957 to 791,100 in 1958. The level of the rates for certain causes was changed slightly by the use of the 7th Revision of the International Classification of Diseases and Deaths in effect for 1958.

Again, as in 1957, almost 40% of all deaths were ascribed to heart diseases. The heart conditions most frequently reported were coronary artery disease, 53% and arteriosclerotic heart disease, 27%. Cancer, the second ranking cause, accounted for 17%. One of every 20 persons dying was killed accidentally; 33% in their own homes and 31% in or about motor vehicles. Cirrhosis of the liver was again the fifth cause of death. The suicide rate was unchanged from 1957 but improved over the 1956 rate of 29.4. For the second year in a row, tuberculosis is not included in the ten leading causes.

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 10, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	64	82	718	482	RHEUMATIC FEVER	1	0	5	3
DIPHTHERIA	0	0	0	0	SALMONELLOSIS	2	1	23	9
EPIDEMIC MENINGITIS	0	0	2	4	SCARLET FEVER	4	9	77	123
GONORRHEA	34	32	604	577	SYPHILIS	35	7	247	160
INFECTIOUS HEPATITIS	0	1	21	22	TUBERCULOSIS	10	14	113	147
INFLUENZA	0	-	24	162	TYPHOID FEVER	0	0	1	0
MEASLES	51	66	830	571	WHOOPING COUGH	0	1	1	16
MUMPS	33	47	463	555					
POLIOMYELITIS	0	0	1	1	POLIOMYELITIS (DISEASE YEAR)**			0	0

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DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	190	225
BIRTHS RECORDED FOR THE WEEK	412	312

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 20, 1959

TUBERCULOSIS CASE FINDING BY X-RAY SURVEY IN SAN FRANCISCO IN 1958

During 1958 there were 106,656 chest minifilms taken by the combined facilities of the San Francisco Medical Society, the Mobile Unit of the San Francisco Tuberculosis Association, and the San Francisco Health Department unit at 101 Grove Street. A total of 129 active cases of tuberculosis was discovered, of which 115 were previously unknown. The Medical Society unit discovered 16 unknown active cases in 16,656 films. The Mobile Unit took 59,448 films in community and industrial survey projects, finding 59 active cases, of which 51 were previously unknown.

The Health Department unit took 30,552 minifilms, finding 54 active cases of which 48 were previously unknown. This group includes only those who admit no contact with the disease and who have no symptoms. There were 475 contacts examined yielding 7 new cases. In addition, 938 individuals with symptoms requested a chest film. Since the incidence of suspicion is very high in such a group, large chest films were taken revealing 53 with active tuberculosis, of whom 38 were previously unknown. Furthermore, 198 of the 938 were found to have inactive tuberculosis. Of the total 31,965 chest films taken by this unit, 114 active cases were found, of which 93 were previously unknown.

The Admission Chest X-ray Program at San Francisco General Hospital took 9,321 films, finding 13 new cases. The Jail X-ray Program, although limited until February 1959, has had a yield of about 10 active tuberculosis cases per 1,000 inmates examined. These two programs, the results of the cooperative efforts of the San Francisco Tuberculosis Association and the Health Department, find active tuberculosis in people in whom it is not suspected by the personnel caring for them. As a result, personnel, other patients and other inmates are protected from close and prolonged exposure to active tuberculosis, and thus the spread of the disease is controlled in the community.

The results of 1958 chest x-ray case finding have been good. Through the cooperative efforts of private physicians, the Medical Society, Tuberculosis Association and Health Department, x-ray case finding is confined to individuals, groups and areas of expected high incidence. This type of programming will increase the case yield, while decreasing repeated surveying of known low incidence groups and areas.

STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 17, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	53	51	771	521
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	4
GONORRHEA	41	18	645	608
INFECTIOUS HEPATITIS	2	1	23	24
INFLUENZA	5	-	29	165
MEASLES	124	57	954	628
MUMPS	42	28	505	577
POLIOMYELITIS	0	0	1	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	5	4
SALMONELLOSIS	0	0	23	9
SCARLET FEVER	46	4	87	127
SYPHILIS	28	11	274	171
TUBERCULOSIS	17	9	149	160
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	1	7	17
POLIOMYELITIS (DISEASE YEAR)**	-		0	0

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DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
SYPHILIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	203	165
BIRTHS RECORDED FOR THE WEEK	304	365

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 27, 1959

NEW MENTAL HEALTH SERVICES

April 26 marks the beginning of Mental Health Week. The occasion is an appropriate time to call attention to developing plans to expand mental health services for the people of San Francisco. The Short-Doyle Act, adopted by the State Legislature in 1957, provides for a 50% subsidy of approved expenditures by local government for certain categories of services provided to voluntary patients. No reimbursement is provided for services rendered to patients treated under Mental Illness Petitions or any other involuntary order. To implement this legislation, the Board of Supervisors about one year ago appointed the Director of Public Health as administrator of Community Mental Health Services and a seven-member Advisory Board. Last July the State Department of Mental Hygiene approved expenditures for services from this department amounting to approximately $1,000,000, making us eligible for reimbursement up to $500,000. This was not an expansion but a reimbursement for existing services in three major areas: (a) inpatient services for the mentally ill provided through the psychiatric unit at San Francisco General Hospital, (b) outpatient services in the form of a limited follow-up clinic for the above patients and extensive outpatient services at the Adult Guidance Center, our clinic for chronic alcoholics and (c) the outpatient child guidance services provided by our Division of Mental Hygiene.

Upon recommendation of the Mental Health Advisory Board, the Board of Supervisors recently adopted an amended budget which will provide an expansion of our mental health program after May 1, 1959, as follows: (1) An expansion of outpatient services at San Francisco General Hospital, creating an intermediate service for both the admission and discharge of patients into and out of the hospital. It is anticipated the emergency consultation and admitting services will be available and that annual outpatient visits will be increased by 7,000. (2) Services in the field of child guidance will be more than trebled. Consultation services to agencies whose activities relate to child psychology will be increased as much as three to five times. (3) The greatest expansion is provided through funds which will enable us to contract with private hospitals for outpatient clinic services, resulting in an estimated 18,000 additional psychiatric clinic visits per year. (4) The last increase provides for the creation of a Program Chief who shall be a qualified psychiatrist with administrative experience in the operation of a general psychiatric program, thus establishing administrative responsibility for an orderly development of the program.

STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 24, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	50	70	821	586
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	4
GONORRHEA	54	28	699	636
INFECTIOUS HEPATITIS	0	0	23	24
INFLUENZA	1	-	30	165
MEASLES	77	99	1031	727
MUMPS	43	46	548	627
POLIOMYELITIS	0	1	1	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	5	4
SALMONELLOSIS	0	2	23	10
SCARLET FEVER	6	6	93	146
SYPHILIS	20	10	294	189
TUBERCULOSIS	13	15	160	167
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	0	7	17
POLIOMYELITIS (DISEASE YEAR)**	-		0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 7

	1959	1958
DEATHS RECORDED FOR THE WEEK	180	192
BIRTHS RECORDED FOR THE WEEK	447	487

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 4, 1959

ADULT GUIDANCE CENTER

The Adult Guidance Center is an outpatient clinic devoted to the treatment of individuals with drinking problems and families with troubles associated with problem drinking. This clinic, operated by the San Francisco Department of Public Health, has treated over a thousand alcoholics per year since it was opened at 150 Otis Street in 1951. The patients come from every walk of life, referred by friends, Alcoholics Anonymous or by other social and health agencies. With experience, increased staff and additional knowledge the treatment plan has been improved so that a wide variety of services are offered to meet the individual needs of each patient.

What happens to a person who goes to the Adult Guidance Center? The patient is greeted by the receptionist who registers him. He first sees a social worker who discusses with him his drinking problem and how it affects his life, and other factors related to his drinking. The patient then sees a doctor who, on the basis of this information and his own examination, makes a tentative individual treatment plan, schedules future visits and orders medication as indicated. If medication is ordered the patient then visits a nurse who will follow the doctor's orders and give pertinent advice. At a future date the psychologist may interview the patient and by using modern methods of testing, help the clinic staff in formulating the best treatment plan. Each patient is encouraged to attend a series of six orientation meetings to help him understand the physical, social and psychological aspects of problem drinking. Continuing treatment may consist of one or a combination of the following services: (1)medical treatment for the physical and psychological effects of excessive drinking; (2) individual and/or group psychotherapy to provide the patient the opportunity to discuss his problems on a regular basis with a qualified person to gain better understanding of himself; and (3) counseling with spouses or relatives when indicated.

Any resident of San Francisco is eligible for treatment who comes to the clinic voluntarily and who is able to use the help available. The fee is on a sliding scale according to the person's income but no one is refused treatment because of inability to pay. Application interviews are by appointment and arranged by telephoning KL 2-1173 or by coming in during the follow registration hours:

	A.M.	P.M.	
MONDAY	8:00 TO 11:30	1:00 TO 5:00	6:00 TO 8:00
TUESDAY	9:00 TO 11:00	3:00 TO 4:30	
WEDNESDAY	9:00 TO 11:00	1:00 TO 3:00	6:00 TO 8:00
THURSDAY	9:00 TO 11:00	1:00 TO 3:00	6:00 TO 8:00
FRIDAY	9:00 TO 11:00	1:00 TO 3:00	
SATURDAY	9:00 TO 11:00		

STATISTICAL REPORT FOR THE 17TH WEEK ENDING MAY 1, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	51	56	872	634
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	4
GONORRHEA	42	26	741	659
INFECTIOUS HEPATITIS	2	2	25	27
INFLUENZA	2	-	32	166
MEASLES	102	115	1133	842
MUMPS	41	47	589	674
POLIOMYELITIS	1	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	5	4
SALMONELLOSIS	0	1	23	12
SCARLET FEVER	6	5	99	151
SYPHILIS	18	11	312	202
TUBERCULOSIS	19	13	177	172
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	1	0	8	17
POLIOMYELITIS (DISEASE YEAR)**	-		1	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	8
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	211	190
BIRTHS RECORDED FOR THE WEEK	398	402

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 11, 1959

REPORTED CIVILIAN CASES OF SYPHILIS AND GONORRHEA, SAN FRANCISCO, 1954-1958

SYPHILIS	1954	1955	1956	1957	1958
TOTAL SYPHILIS	357	350	472	570	683
Primary	31	41	51	58	120
Secondary	18	26	64	52	113
Early Latent	52	69	130	111	121
All Other	256	214	227	349	329
GONORRHEA (Genito Urinary)	1415	1323	1343	1590	1773

The table above demonstrates the increasing venereal disease problem in San Francisco for the past five years. Total reported syphilis has doubled, but what is more significant in terms of the community's health, early infectious syphilis has increased $3\frac{1}{2}$ times during this five-year period. The comparable increase in gonorrhea has not been as dramatic, but it still represents a $\frac{1}{4}$ increase over the 1955 low.

Some of the increase in the incidence of venereal disease has been attributed to improved reporting by the private physician, but as the following table shows there has been only slight improvement in reporting of early infectious disease. The great increase of reporting is in older infections which are not communicable. There has been no increase in gonorrhea reporting. The close working relationship established with the private physician has shown its greatest benefits in improved location of sources of infection. In 1955 only 30% of their early infectious syphilis cases were interviewed for such epidemiologic information,- in 1958, 84%.

REPORTED CASES OF SYPHILIS AND GONORRHEA BY SOURCE OF REPORT SAN FRANCISCO, 1954-1958 - (INCLUDING MILITARY)

	1954	1955	1956	1957	1958
SYPHILIS (ALL STAGES)					
TOTAL REPORTED	357	357	495	571	687
BY PRIVATE PHYSICIANS	50 (14%)	50 (14%)	72 (15%)	143 (25%)	204 (30%)
SYPHILIS (PRIMARY, SECONDARY & EARLY LATENT)					
TOTAL REPORTED	101	143	267	221	357
BY PRIVATE PHYSICIANS	19 (19%)	26 (18%)	48 (18%)	50 (23%)	87 (24%)
GONORRHEA (ALL CLASSIFICATIONS)					
TOTAL REPORTED	1533	1655	2074	2353	2520
BY PRIVATE PHYSICIANS	138 (9%)	85 (5%)	146 (7%)	143 (6%)	151 (6%)

San Francisco's increased venereal disease is becoming more real than apparent. The Health Department must continue to meet its historic responsibility in the control of communicable disease despite pressures to devote more effort to non-infectious problems. Serious thought must be given to extending venereal disease control measures to a level more consistent with the magnitude of the problem.

STATISTICAL REPORT FOR THE 18TH WEEK ENDING MAY 8, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	46	88	918	671
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	3	4
GONORRHEA	50	34	791	693
INFECTIOUS HEPATITIS	4	1	29	29
INFLUENZA	3	-	35	166
MEASLES	73	140	1206	948
MUMPS	27	43	616	704
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	3	0	8	6
SALMONELLOSIS	1	1	24	12
SCARLET FEVER	5	6	104	157
SYPHILIS	15	7	38	222
TUBERCULOSIS	7	12	184	180
TYPHOID FEVER	0	0	1	1
WHOOPING COUGH	0	2	1	19
POLIOMYELITIS (DISEASE YEAR)**				0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:
HEPATITIS, SYPHILIS AND TUBERCULOSIS, 1 EACH

	1959	1958
DEATHS RECORDED FOR THE WEEK	184	174
BIRTHS RECORDED FOR THE WEEK	335	350

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MAY 18, 1959

FOOD POISONING

We all need to be reminded, particularly as warm weather approaches, of the constant danger from harmful bacteria which cause food poisoning. While these germs are invisible they have great ability to reproduce themselves when conditions are right and to produce food-borne disease in humans. Creamed sauces, ground meats and cream or custard filled pastries, cakes and puddings provide ideal conditions for bacteria to grow when the temperature is not properly controlled. Prepared food should be kept either hot or cold and not allowed to stand at room temperature. This is particularly true of food which is prepared and then transported to another place and not eaten until later. Family picnics, pot-luck dinners and food sales are potentially dangerous because of the kinds of foods prepared and the delay between time of preparation and consumption. The best control is care in the preparation of the food and good temperature control. KEEP HOT FOODS HOT - COLD FOODS COLD!

Staphylococcus food poisoning, the result of a toxin or poison formed in the food by the bacteria, is the cause of much of the above kind of food poisoning. It is the toxin and not the bacteria which is responsible for subsequent gastrointestinal distress. Food poisoning caused by the salmonella type of bacteria on the other hand, is caused not by a toxin but by ingesting the salmonella organisms themselves. These may be introduced into food by rodents, flies or human carriers. In both types of poisoning the common symptoms of nausea, vomiting, abdominal cramping and diarrhea are similar but vary in severity with different individuals. The staphylococcus symptoms appear in one to six hours; in salmonella food poisoning the symptoms generally appear in six to twenty-four hours.

Another type of food poisoning which can be dangerous results from consumption of mussels. A highly toxic poison is found in mussels from late spring to early autumn. This poison, found in plankton which serves as food for mussels and clams, is an alkaloid such as strychnine and can prove fatal to humans. There is no simple visual test by which toxic mussels can be distinguished nor is the toxin destroyed by boiling. Therefore, an annual quarantine is declared from May 1 to October 31 which is in effect along the entire coast of California including San Francisco Bay. The only safe rule is to avoid eating mussels during this quarantine period.

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STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 15, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	33	94	951	711
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	3	4
GONORRHEA	53	26	844	719
INFECTIOUS HEPATITIS	0	1	29	29
INFLUENZA	1	-	36	168
MEASLES	53	122	1259	1026
MUMPS	43	47	659	736
POLIOMYELITIS	0	1	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	1	8	6
SALMONELLOSIS	0	1	24	13
SCARLET FEVER	4	5	108	162
SYPHILIS	14	5	341	235
TUBERCULOSIS	9	12	198	206
TYPHOID FEVER	0	0	1	1
WHOOPING COUGH	0	1	8	20
POLIOMYELITIS (DISEASE YEAR)**	-		1	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

ENCEPHALITIS	1
PNEUMONIA	2
SYPHILIS	1
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	212	187
BIRTHS RECORDED FOR THE WEEK	402	364

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 25, 1959

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IMPORTANT CAUSES OF DEATH BY SEX
SAN FRANCISCO, 1958

	MALE			FEMALE		
	NUMBER	RATE*	PER CENT	NUMBER	RATE*	PER CENT
TOTAL, ALL CAUSES	5451	1376.5	100	3924	993.2	100
HEART DISEASES	2162	546.0	40	1473	372.8	38
MALIGNANT NEOPLASMS	915	231.1	17	697	176.4	18
VASCULAR LESIONS C.N.S.	434	109.6	8	529	133.9	14
ACCIDENTS	319	80.6	6	173	43.8	4
CIRRHOSIS OF LIVER	244	61.6	5	119	30.1	3
INFLUENZA & PNEUMONIA	172	43.4	3	114	28.9	3
DISEASES OF EARLY INFANCY	164	41.4	3	100	25.3	3
SUICIDES	137	34.6	3	61	15.4	2
ARTERIOSCLEROSIS	82	20.7	2	88	22.3	2
ULCERS OF STOMACH & DUODENUM	67	16.9	1	40	10.1	1
TUBERCULOSIS	58	14.6	1	19	4.8	1
DIABETES	40	10.1	1	65	16.5	2
CONGENITAL MALFORMATIONS	35	8.8	1	37	9.4	1

* RATES PER 100,000 ESTIMATED POPULATION.

We are all aware of the decline in death rates for many diseases and the steady increase in life expectancy. However, a widening sex difference in mortality in favor of the female is developing. As the above table shows, deaths for most of the leading causes of death in San Francisco are substantially higher for males than for females. During 1958, death rates for males were higher than those for females except for vascular lesions of the central nervous system, general arteriosclerosis and diabetes. The overall death rate was 13.8 per 1,000 estimated population for males and 9.9 for females. Again, the sex-specific rate for heart disease for males, 5.5, was considerably higher than the 3.7 per 1,000 females. Some of the rates show marked differences; cirrhosis of the liver and suicide rates are twice as high for males and the difference in the accident rate is nearly that high. One of the inescapable facts produced by this situation is an increase in the number of widows we can expect in the future. Husbands and wives have to face this situation in planning for the social and economic security of wives and children.

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 22, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	37	69	988	775
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	4
GONORRHEA	47	31	891	750
INFECTIOUS HEPATITIS	0	1	29	30
INFLUENZA	3	-	39	169
MEASLES	89	175	1348	1179
MUMPS	39	47	698	765
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	6
SALMONELLOSIS	2	1	26	14
SCARLET FEVER	7	5	114	167
SYPHILIS	15	5	356	255
TUBERCULOSIS	8	17	206	224
TYPHOID FEVER	0	0	1	1
WHOOPING COUGH	0	0	8	24
POLIOMYELITIS (DISEASE YEAR)**		-	1	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
SEPTICEMIA	1
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	182	189
BIRTHS RECORDED FOR THE WEEK	354	366

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 1, 1959

WELCOME TO THE WESTERN BRANCH APHA

The Western Branch of the American Public Health Association which is meeting here this week of June 1 to 5 comprises the twelve western states including Alaska, the three western Canadian provinces, Hawaii and the Philippine Islands. The annual meetings of this regional division of the parent association gives its members an opportunity to participate in the activities of their professional public health organization, provides a forum for the consideration of the special needs and problems of this area and a clearing house for information of western significance. Annual meetings such as the one currently being held here this year are rotated in location so that all its members may have reasonable opportunity to attend at least once every four years.

The theme for this year's meeting is "Man in His Future Environment". Two and a half days of general sessions have been planned and a full day has been set aside for section meetings devoted to topics of particular interests covering a varied field of subjects ranging from radioactive fallout to migrant labor and from communication to geriatrics. Entertainment and tours to special areas of local significance are also planned for those who are interested.

While enjoying the program, the weather, the fellowship and the hospitality of our unique city, we want our colleagues to know that the resources of our Health Department, including both those involved in preventive medicine and those involved in medical care, are open at all times to them. In addition to all the normal functions in the field of preventive medicine which other health departments have, the San Francisco Department of Public Health operates facilities for the care of the indigent sick and the aged, an outstanding emergency hospital service and an Adult Guidance Center for the out-patient treatment of alcoholics.

The door of every office and every institution of this Health Department is open to our visiting colleagues.

STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 29, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	28	65	1016	822
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	3	0	5	4
GONORRHEA	50	27	941	797
INFECTIOUS HEPATITIS	5	0	34	30
INFLUENZA	1	-	40	173
MEASLES	69	139	1417	1316
MUMPS	44	48	742	800
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	6
SALMONELLOSIS	2	1	28	14
SCARLET FEVER	4	4	118	175
SYPHILIS	19	4	375	268
TUBERCULOSIS	9	11	212	230
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	0	1	8	26
POLIOMYELITIS (DISEASE YEAR)**		-	1	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

EPILEPSY	1	PNEUMONIA	3
HEPATITIS	1	SYPHILIS	1
MENINGOCOCCEMIA	1	TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	218	154
BIRTHS RECORDED FOR THE WEEK	353	354

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 8, 1959

SCHOOL DIAGNOSTIC SERVICES

As part of its health program for infant through school age children, the Health Department's Bureau of Maternal and Child Health conducts four diagnostic centers concerned with possible eye, ear, cardiac and chest diseases, all held at 101 Grove Street. In addition to providing diagnostic services for preschool children referred for early detection of defects, the Eye and Ear Centers do the follow-up work necessary to complete the mass vision and hearing programs conducted in the schools. The Chest Diagnostic Center serves principally to follow up those children who have reacted positively to the tuberculin test given in the school health program. The Cardiac Center provides laboratory and X-ray facilities plus an examination by a cardiologist for any child suspected of having heart disease. Private as well as Health Department physicians may refer children to any of these centers for diagnostic examination by a specialist. No treatment is provided in any of these centers.

The public health nurse assists the physician in the selection of children recommended for individual study at the various diagnostic centers and makes the necessary home visits to plan with the parents for carrying out the doctor's and the specialist's recommendations. In addition, the nurse in the school works with the principal and the teachers in solving the main problems related to adjusting children with special health conditions into the regular school routine or in planning for special programs for such children.

During the calendar year of January 1 through December 31, 1958, the School Diagnostic program totaled 12,417 visits. Of this number, about 7,150 or 57% of the visits were by school children who were under special health supervision to prevent them from becoming tuberculous. Of the other visits to the Diagnostic Centers, about 711 or 5.7% were for cardiac conditions, about 2,879 or 23.2% were for ear defects and approximately 1,677 or 13.5% were for eye examinations.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING JUNE 5, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	27	57	1043	879
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	4
GONORRHEA	60	30	1001	826
INFECTIOUS HEPATITIS	3	0	37	32
INFLUENZA	1	-	41	173
MEASLES	54	169	1471	1511
MUMPS	30	30	772	849
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	6
SALMONELLOSIS	0	1	28	16
SCARLET FEVER	2	3	120	183
SYPHILIS	17	8	392	286
TUBERCULOSIS	6	16	218	245
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	0	0	8	26
POLIOMYELITIS (DISEASE YEAR)**	-		1	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

ACUTE MENINGITIS	1
PNEUMONIA	4
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	200	166
BIRTHS RECORDED FOR THE WEEK	312	331

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* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 15, 1959

THE SUMMER VACATION

The advent of summer brings with it the end of the school year and the prospect of greatly increased activity on the part of children in and about the home and its environs. Energetic, confident and unthinking, the youngsters now find they have the time and freedom to do the many things they have been wanting to do during the school term. The wise father and mother recognize that in most of these experiences the child is learning to assess his strengths and weaknesses, conquer his fears and gain confidence in himself and his abilities. But parents must be equally alert to show children how they can enjoy themselves and have their fun without being foolhardy. No one expects parents to watch nor caution their children every minute of their waking day, nor would it be well to do so even if they could. But parents can and should: (1) Check the premises in and about the home and its environs for objects and situations that are inherently dangerous and (2) Double their usual vigilance during this season when "just having fun" rules the day.

The summer time is also the period during which the family looks forward to taking its annual vacation together away from home. The enjoyable outdoor life, the stimulating exercise and refreshing change of pace all contributes to mental as to physical health. Thoughtful planning, which takes into account the hazards the various members of the family may be exposed to in more or less unfamiliar surroundings will help to insure a vacation that is unmarred by accidents. Drownings or near-drownings, food poisoning, bad sunburns, oak poisoning and traffic accidents are the unplanned, unhappy events that play a role in spoiling what might otherwise have been a happy vacation period. Yet, as we so frequently learn by hindsight, most if not all these untoward events might be prevented by a little wise foresight, moderation and common sense. By taking into account in our planning, the basic principles of safety whether they apply to water, traffic, food or forest, we can make the most of the happy vacation time and return home refreshed and ready to put new life into our daily living.

PUBLIC HEALTH DEPT.

STATISTICAL REPORT FOR THE 23rd WEEK ENDING JUNE 12, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	34	73	1077	911
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	4
GONORRHEA	43	24	1044	860
INFECTIOUS HEPATITIS	3	1	40	35
INFLUENZA	1	-	42	173
MEASLES	70	158	1541	1592
MUMPS	24	45	796	890
POLIOMYELITIS	1	0	3	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	6
SALMONELLOSIS	2	1	30	17
SCARLET FEVER	7	5	127	187
SYPHILIS	12	8	404	299
TUBERCULOSIS	18	8	235	252
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	1	1	9	27
POLIOMYELITIS (DISEASE YEAR)**		-	2	0

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DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	207	172
BIRTHS RECORDED FOR THE WEEK	503	380

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 22, 1959

NATIONAL SANITATION WEEK

The week of June 22 to June 26, proclaimed by the President as National Sanitation Week, marks the 23rd anniversary of the National Association of Sanitarians whose annual educational conference is being held this year in Miami, Florida. This organization has worked over the years for recognition and upgrading of the sanitarian as a professional member of the public health team. It has also been responsible for the legislation, initiated in California several years ago and now enacted in other states which requires all sanitarians to be registered by a state board of examiners.

Prevention is the keynote to problems in sanitation as it is in other fields of public health. The sanitarian knows by training and experience that the prevention of a nuisance is easier and of greater importance to public health than its abatement after a violation has occurred. But since the public must first know what they must prevent and how best to prevent it, education must precede and underlie any constructive preventive sanitation program. By providing consultation in the pre-constructive phases of housing and food-handling equipment installation, the sanitarian has become an educator in the law's requirements instead of an inspector looking for violations. In this way he has gained ever-widening recognition for practical sanitation standards which reduce violations to a minimum and enable those concerned with housing construction or remodelling and purveyors of food services to measure their own compliance with sanitary laws and regulations.

Properly administered legal action has also come to assume its role as an effective educational tool in place of court action. These hearings endeavor to enforce adequate levels of sanitation by persuasion rather than by law. Where such hearings fail, prosecution or license revocation serves to remind others not to do likewise. This is education by example.

STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 19, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	23	53	1100	957
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	4
GONORRHEA	30	32	1074	892
INFECTIOUS HEPATITIS	2	0	42	35
INFLUENZA	5	-	47	173
MEASLES	47	172	1588	1764
MUMPS	25	63	821	953
POLIOMYELITIS	0	0	3	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	1	8	8
SALMONELLOSIS	1	1	31	17
SCARLET FEVER	1	5	128	190
SYPHILIS	12	6	416	302
TUBERCULOSIS	16	8	251	254
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	0	3	91	30
POLIOMYELITIS (DISEASE YEAR)**		-	2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
MENINGITIS	1
PNEUMONIA	1
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	172	177
BIRTHS RECORDED FOR THE WEEK	433	413

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 29, 1959

POISON OAK

With school out, San Francisco families will be going on an increasing number of trips to the country - hikes, camping trips, visits to resort areas, etc. A persistent hazard to the unwary in these outings is contact with poisonous plants. "Poison oak" is found on the Pacific Coast, except above 5,000 feet elevation, and is common in California. "Poison ivy" and "poison sumac" are botanically related species found in other parts of the United States. The abundance of poison oak and the high degree of human sensitivity to the plant result in many cases of poison oak every year, particularly in the summer and fall.

Poison oak is spread by direct contact with the plant, a chemical substance called lobinol producing the allergic dermatitis. It can also be spread indirectly by contaminated clothing, tools, animals or even smoke containing the vapor of the toxin. While about one-half of the population is susceptible to poison oak, immunity is unreliable and sensitivity to the poison varies greatly with individuals. The appearance of the rash varies from a few hours after exposure in highly sensitive people to three weeks or longer in others. The first symptom is an itching, then the skin becomes red and swollen, usually followed by an eruption of blisters accompanied by painful burning and itching. There is wide variation in the duration of the toxic reaction but usually the person is well in two to three weeks.

The only sure way to escape a case of poison oak is to avoid contact with the plant or shrub. This means that everyone should learn to recognize it. Poison oak is easily identified by the typical three-leaf clusters of glossy, leathery-like leaves which are shaped something like those of real oak. From spring to fall the leaf color changes from green, to green splotched with red, to red. In the spring clusters of tiny greenish-white flowers are evident which mature into berries later on. The shrub is usually dense and upright, two to six feet tall. Occasionally the vines may wind along trees, posts, rocks or along the ground.

If exposure to poison oak occurs, the contaminated clothing should be removed and the body thoroughly washed with lots of soap and water as soon as possible to prevent or minimize the allergic reaction. A doctor should be consulted for treatment and for advice regarding preventive measures such as protective creams or injections.

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STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 26, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	27	28	1127	967
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	4
GONORRHEA	48	36	1122	928
INFECTIOUS HEPATITIS	1	0	43	35
INFLUENZA	1	-	48	173
MEASLES	40	68	1628	1821
MUMPS	23	31	844	972
POLIOMYELITIS	1	1	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	0	1	31	18
SCARLET FEVER	1	5	129	193
SYPHILIS	24	7	440	316
TUBERCULOSIS	12	13	263	263
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	0	0	9	30
POLIOMYELITIS (DISEASE YEAR)**		-	3	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	173	154
BIRTHS RECORDED FOR THE WEEK	353	460

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 6, 1959

FLUORIDATION IN SAN FRANCISCO

In August, 1952, the City and County of San Francisco began fluoridation of approximately two-thirds of its water supply. By so doing it became the first major city in the west to adopt this public health measure to protect its citizens against dental decay. Four years ago this month, fluoridation was extended to the remaining one-third of our water supply so that all of our population began to consume water containing approximately 0.95 parts per million of fluoride ion. In addition to the many salts naturally in our water there are elements such as aluminum and copper which are added to it in the process of its clarification and treatment. The content of these elements and of fluorine is infinitesimal.

The adoption of this fluoridation program by the Board of Supervisors came after many hearings in which the medical and dental professions supported the measure and after the people of San Francisco voted to fluoridate our water for the purpose of reducing dental caries. It was pointed out at the time that the procedure was safe and was the least expensive method of reducing dental decay by as much as two-thirds, if the water was consumed during the first ten or twelve years of life. Although there has been some opposition to fluoridation the evidence mounts that the consumption of water containing not more than one part per million of fluoride will not adversely affect the health of any person. The experience throughout the country where large segments of the population have consumed water containing fluorides does not support any contention that it is deleterious to health. And in San Francisco there is no evidence that a single child or adult has suffered any ill effect from drinking or using fluoridated water.

Our local experience in fluoridation is not yet sufficient for us to observe accurately its effects in reducing dental caries. Many dentists have indicated, however, that they are seeing fewer decayed teeth in young children than they saw in the same age groups prior to fluoridation - or than they see in the older children of the same families. As time goes on our younger generation will continue to benefit from this inexpensive, safe and effective procedure.

STATISTICAL REPORT FOR THE 26th WEEK ENDING JULY 3, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	21	34	1148	985
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	4
GONORRHEA	35	21	1157	963
INFECTIOUS HEPATITIS	1	1	44	36
INFLUENZA	3	-	51	173
MEASLES	39	68	1667	1894
MUMPS	16	18	860	989
POLIOMYELITIS	0	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	1	2	32	18
SCARLET FEVER	1	2	130	194
SYPHILIS	8	4	448	320
TUBERCULOSIS	8	12	271	272
TYPHOID FEVER	1	0	2	2
WHOOPING COUGH	0	0	9	30
POLIOMYELITIS (DISEASE YEAR)**	-		3	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 3

	1959	1958
DEATHS RECORDED FOR THE WEEK	184	185
BIRTHS RECORDED FOR THE WEEK	303	364

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 13, 1959

SUNTAN AND SUNBURN

While sunshine is healthful for most people, many a vacation is spoiled by people who try to acquire too much, too quickly, especially during the first few days. Instead of the desired golden hue they hoped to acquire, they become lobster red which may be very painful, or if severe enough, may put them in the hospital. Sunburn of this type can be avoided if we pay attention to three simple things: first, know our own type of skin and whether we burn easily or not. Secondly, learn when and where the sun has greatest burning power. Thirdly, make use of a suntan preparation.

Skins differ in their sensitivity to sunlight. Children and babies of any age burn quickly and need watching when exposed to the sun's rays. People with fair skin are quicker to burn than brunettes. Some people never tan, but burn every time, year after year, whereas others merely freckle. For the vast majority of people, fifteen minutes is long enough for the first day's exposure, then the time can be increased by fifteen minutes. The main point is to start with short periods and gradually make them longer and sunburn can be avoided.

When the sun is directly overhead its rays are direct and burning. Hence late afternoon is a safe time to start sunbathing, especially in the beginning, because as the sun goes down, the atmosphere acts as a filter and the rays will cause less burning. Some of the worst cases of sunburn result from exposure at the beach in a swim suit during the noon hour. This is because there is direct sunlight at this time and also a reflected glare from the sand and water. Even when the sky is overcast the sun can burn severely, so it is wise to be careful on hazy days as well as bright ones.

There are many suntan preparations, oils, lotions and creams sold under various trade names. They are all intended to discourage sunburn and promote a tan. But even the best of these preparations give only partial protection from the sun, so watch the clock during the first days of sunbathing, and get your suntan gradually.

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STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 10, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	31	15	1179	1000
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	6	4
GONORRHEA	40	27	1197	1003
INFECTIOUS HEPATITIS	5	1	49	38
INFLUENZA	2	-	53	173
MEASLES	29	49	1696	1943
MUMPS	20	14	880	1003
POLIOMYELITIS	0	1	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	1	1	33	19
SCARLET FEVER	1	1	131	195
SYPHILIS	24	8	472	332
TUBERCULOSIS	8	12	279	281
TYPHOID FEVER	1	0	3	2
WHOOPING COUGH	0	1	9	31
POLIOMYELITIS (DISEASE YEAR)**		-	3	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
MENINGITIS	1
PNEUMONIA	3

	1959	1958
DEATHS RECORDED FOR THE WEEK	186	144
BIRTHS RECORDED FOR THE WEEK	366	422

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 20, 1959

AIR POLLUTION

Because of our topographical location and good westerly winds, San Francisco residents are usually provided with a cool, clean atmosphere. From time to time, however, we are brought face to face with smog and its irritating effects. While our situation in this respect is not as bad as in certain other cities to the south and east of us, there are indications that with population growth and activity around the Bay area, we are developing an air pollution pattern of our own.

Clean air, like clean water, is a natural resource which we must constantly work to retain or restore. While the act of polluting the air is as easy as starting an automobile or lighting an incinerator, the removal of the pollution once it has occurred is virtually impossible. But it can be regulated, controlled and minimized. To bring about this control, the six Bay area counties established the San Francisco Bay Area Control District on October 1, 1956, with a twelve member Board and an Administrative Control Officer to direct its program. To date this organization has worked effectively to bring about community interest in and acceptance of its program, it has set up rules and regulations to control the release of air contaminants, including the open burning of rubbish by communities, industries, businesses and institutions.

At its best, smog and other forms of air pollution can be a nuisance to a community; at its worst, continuing concentrations of air pollutants may cause cumulative damage to the health of the public. Beyond the point of minor health annoyances and possible long range cumulative effects on health, some authorities feel that under certain atmospheric conditions public health disaster could result from excessive concentrations of air pollutants in the atmosphere above densely populated California urban areas. It is to prevent such a dangerous condition that it is incumbent on all of us to cooperate in supporting measures that will keep our air supply reasonably clean and reasonably tolerable for our present and future residents.

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STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 17, 1959

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CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	52	19	1231	1013
Diphtheria	0	0	0	0
Epidemic Meningitis	0	1	6	4
Gonorrhea	34	25	1231	1050
Infectious Hepatitis	1	1	50	38
Influenza	0	-	53	173
Measles	26	60	1722	2003
Mumps	13	14	893	1020
Poliomyelitis	0	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	8	8
Salmonellosis	6	1	39	19
Scarlet Fever	1	3	132	199
Syphilis	16	7	488	338
Tuberculosis	13	7	292	287
Typhoid Fever	0	0	2	2
Whooping Cough	0	2	9	36
Poliomyelitis (Disease Year)**	-		3	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Aseptic Meningitis	1
Pneumonia	3
Tuberculosis	1

	1959	1958
Deaths Recorded For The Week	197	150
Births Recorded For The Week	413	333

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 27, 1959

POLIOMYELITIS

Advances against polio have been so striking in the past few years that many individuals seem inclined to regard it as a disease of the past. It is estimated that less than one-half of the parents of teen agers of this city, for example, have thought it sufficiently important to obtain the required three injections that would provide them with a maximum of protection. Because of this rather widespread attitude, it may be well to call attention to the fact that in San Francisco in 1958 there were ten cases of polio, eight of which were paralytic. Of these eight paralytic cases, one was in a youngster five years of age and the other seven cases occurred in people between the ages of eighteen and thirty-one. Four cases of polio have occurred already this year in San Francisco, compared with only two cases last year up to this time. Of the current four cases, all were paralytic and none of the individuals concerned had been vaccinated against polio.

In view of these statistics and the overwhelming evidence that the full series of inoculations provides up to ninety percent protection, the Health Department urges that everyone under the age of twenty, particularly children, receive the necessary three immunizations as soon as possible. It is also strongly recommended that those under the age of forty get their shots, especially those adults whose children have been immunized. Every pregnant woman should have at least two injections, one month apart, if not previously vaccinated.

The Health Department provides immunization clinics each week against communicable diseases in its various health centers for infants and pre-school children and polio shots for school age children. The schedule of these clinics may be had on request. The Health Department is not providing the fourth polio injections. Persons over school age or anyone whose doctor recommends polio immunizations must make their own arrangements. The Health Department's program is designed to meet the needs of those in the lower economic groups and those who cannot afford the services of a private physician or clinic where they get their usual medical services.

STATISTICAL REPORT FOR THE 29th WEEK ENDING JULY 24, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	14	14	1245	1020
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	6	4
Gonorrhea	44	43	1275	1093
Infectious Hepatitis	1	2	51	41
Influenza	0	-	53	173
Measles	17	43	1739	2057
Mumps	10	14	903	1029
Poliomyelitis	1	2	5	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	8	8
Salmonellosis	4	1	43	20
Scarlet Fever	4	1	136	201
Syphilis	21	8	509	348
Tuberculosis	9	9	300	297
Typhoid Fever	0	0	2	2
Whooping Cough	0	1	9	39
Poliomyelitis (Disease Year)**		-	4	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Infectious Hepatitis	1
Pneumonia	3

	1959	1958
Deaths Recorded for the Week	162	169
Births Recorded for the Week	440	407

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 3, 1959

SANITATION AND CIVIC PRIDE

Health departments have long been aware of the fact that clean, wholesome and attractive surroundings enhance and contribute to the enjoyment of good physical and mental health. For this reason the enforcement of environmental sanitary regulations has always been an integral part of public health programs, with the result that today it is possible to enjoy urban life in an environment that is cleaner than ever before. But such enforcement must be supplemented by a community awareness that the task of maintaining a clean city depends on the cooperation of all of us. Each individual in his home, neighborhood and community must make his contribution towards the cleanliness of the environment in which he lives.

Twentieth century developments in the packaging and wrapping of foods, drinks, disposable eating and drinking utensils, non-returnable containers and so on have not made the job of sanitation any easier. On the contrary, such developments have brought about the phenomenon of our modern "litterbug". Careless disposal of these containers and wrappings of various sorts has been largely responsible for giving our streets, parks, beaches and recreation areas an unsightly and ill-kempt appearance, particularly noticeable to visitors from other areas. Most of us are aware and concerned about this problem, but what can we do about the uncaring minority?

Enforcement of regulations pertaining to littering is difficult, but each of us by leadership and example can exert a subtle coercion that may be even more effective than enforcement in making "litterbugs" conscious of their untidy habits. We can do this by making a point of disposing of our personal trash in receptacles provided for that purpose; by carrying litter bags in our cars while traveling; and by teaching the younger members of our families not to scatter waste materials about our streets and recreation areas. In this way each of us will be doing his part in maintaining the beauty of our surroundings and at the same time indicating to others who may not be so thoughtful, our pride in the city we live in, work in, and care about.

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STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 31, 1959

CASES REPORTED:	For The Week	5-Year Median*	1959 To Date	1958 To Date
CHICKENPOX	9	13	1254	1024
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	6	4
GONORRHEA	58	39	1333	1136
INFECTIOUS HEPATITIS	2	0	53	42
INFLUENZA	0	-	53	173
MEASLES	22	32	1761	2089
MUMPS	17	12	920	1037
POLIOMYELITIS	0	2	5	2

CASES REPORTED:	For The Week	5-Year Median*	1959 To Date	1958 To Date
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	1	1	44	22
SCARLET FEVER	0	2	136	209
SYPHILIS	18	11	527	359
TUBERCULOSIS	5	9	303	306
TYPHOID FEVER	0	0	2	2
WHOOPING COUGH	0	0	9	41
POLIOMYELITIS (DISEASE YEAR)**	-		4	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	4

	1959	1958
DEATHS RECORDED FOR THE WEEK	190	185
BIRTHS RECORDED FOR THE WEEK	374	385

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 10, 1959

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PLASTIC BAGS AND HOME SAFETY

In its last session, the State Legislature passed the following law which Governor Brown signed and made effective early last month:

> "No bag made of polyethylene plastic material thinner than 0.001 inch which is large enough to fit over a child's head shall be used,..... by any retail store as a container for products, other than for food products weighing not more than five pounds, delivered to purchasers, or by any other retail business establishment to package articles delivered to customers, unless there is printed upon such bag, or upon a gummed label which is securely attached to such bag, in clear legible type the following: 'CAUTION - KEEP AWAY FROM SMALL CHILDREN, THE THIN FILM MAY CLING TO NOSE AND MOUTH AND PREVENT BREATHING,' or a similar warning that the bag is dangerous to small children."

Plastic bags as used by the cleaning and food packaging industries are here to stay and we must learn to accept them as another item used for modern convenience. There is no risk in these materials when used for the purpose for which they are originally designed. It is their misuse that is dangerous.

When a plastic bag has served its original purpose as a covering for cleaned garments or for food, it should be destroyed immediately. This can best be done by burning or by depositing the bag in the garbage can after the film has been tied in a knot. Under no circumstances should this material be given to children or kept or left where they can have access to it. Nor should the plastic film be used as a crib mattress cover or in any other way that might result in the material falling over the nose and mouth of an infant.

There have been more than fifty cases of infant deaths reported as being due to the misuse of plastic film material. One of these cases occurred in San Francisco. To educate the public regarding the proper use of these materials, the plastic industry, in cooperation with the dry cleaning industry, the U. S. Public Health Service, medical societies and other interested groups, including health departments have joined in producing a pamphlet on the correct use of these plastic bags. These pamphlets are directed to parents whose children may be exposed to this hazard and are available from the San Francisco Department of Public Health on request.

STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 7, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	4	7	1258	1031
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	6	4
GONORRHEA	50	36	1383	1183
INFECTIOUS HEPATITIS	5	0	58	43
INFLUENZA	0	-	53	173
MEASLES	16	27	1777	2116
MUMPS	13	11	933	1045
POLIOMYELITIS	0	1	5	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	3	2	47	22
SCARLET FEVER	1	2	137	211
SYPHILIS	19	10	546	372
TUBERCULOSIS	5	12	308	311
TYPHOID FEVER	0	0	2	2
WHOOPING COUGH	0	2	9	41
POLIOMYELITIS (DISEASE YEAR)**		-	4	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	146	170
BIRTHS RECORDED FOR THE WEEK	494	380

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 17, 1959

CANCER AND THE PERIODIC CHECKUP

By and large, San Francisco and its inhabitants constitute a fairly healthy community. But, as has been indicated in these Weekly Bulletins from time to time, San Francisco is also a city with an aging population. Ten percent of our population is over 65 years of age and twenty-six percent is between forty-five and sixty-five years of age. Significantly, these are the age periods when both the incidence and the mortality rates from cancer rise perceptibly and increase steadily. In 1958 there were 1,612 cancer deaths in San Francisco, Accounting for nearly 17 percent of the total mortality and outranked only by heart disease as a cause of death. Among men, the greatest number of these deaths were due to cancer of the lung which accounted for nearly one-fourth of the total mortality from malignant neoplasms and was twice that of stomach cancer which is the second leading site for this disease among males. Among women, cancer of the breast caused the greatest number of deaths, with cancer of the reproductive organs accounting for the second leading cause.

Cancer contributes more deaths to our annual mortality rate than any other disease except heart disease, and although the outlook for the control of cancer is increasingly hopeful, up to now medicine has not provided us with any preventive measures. In view of these facts, complacency or neglect based on the erroneous assumption that "what you don't know can't hurt you", may be fatal. Even for such sites as lung and stomach in man, or breast and cervix in women, the five year survival rate is relatively good when the case is diagnosed in the localized stage. But a doctor can make such an early diagnosis only if the patient comes to him in time. A surgeon or radiologist can treat the patient only if the patient accepts the treatments. Since a health appraisal is the one means at our disposal that can reveal hidden symptoms of something more important, it is only a matter of practical common sense to have one periodically. To do less may result in our exposing ourselves to serious trouble.

STATISTICAL REPORT FOR THE 32nd WEEK ENDING AUGUST 14, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	11	8	1269	1036
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	6	4
Gonorrhea	49	29	1432	1222
Infectious Hepatitis	5	0	63	43
Influenza	0	-	53	173
Measles	6	22	1783	2138
Mumps	3	10	936	1055
Poliomyelitis	0	1	5	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	1
Tuberculosis	1

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	8	8
Salmonellosis	2	1	49	22
Scarlet Fever	0	2	137	217
Syphilis	14	9	560	388
Tuberculosis	7	15	315	322
Typhoid Fever	0	0	2	2
Whooping Cough	1	1	10	41
Poliomyelitis (Disease Year)**		-	4	2

	1959	1958
Deaths recorded for the week	181	163
Births recorded for the week	352	358

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 24, 1959

PREPARING FOR SCHOOL

However difficult the classroom learning situation may be, it stands to reason that the healthy child has a better chance to cope with the challenge than the unhealthy one. Mastering new subjects or learning new skills may even be beyond the ability of the child who is handicapped by a minor physical or emotional defect, if such a defect seriously interferes with his ability to grasp the situation. For the child who is physically under par, over-tired or emotionally upset, these tasks may be a lot harder than they ought to be. Such children cannot adequately meet their classroom responsibilities nor properly respond to the learning opportunities which are offered to them. This usually results in lost time and wasted effort on the part of the teacher, and frustration, boredom and frequently rebellion on the part of the child. The bewildered parent meanwhile, usually blames the child, the teacher, the school or even all three for his offspring's failure to do well in school.

A physical appraisal made during the summer before the opening of school can do much toward forestalling many of these difficulties met with in the child's early years. Such a health examination should take into account the child's overall health, his eyes, ears, teeth and include the bringing up to date of the child's immunizations together with any necessary follow up work recommended by the doctor to assure the correction of any defects discovered. The child must rely on his parents to have such a health appraisal made. The school authorities may rightfully expect that a child entering school is physically and emotionally prepared to meet his new duties.

During these early years of rapid growth and development, these youngsters are more exposed to colds, respiratory ills and contagious disease. It is important therefore, once the child has entered school, that parents keep themselves informed as to his health status and cooperate by following out the recommendations made by the school physician or nurse.

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STATISTICAL REPORT FOR THE 33rd WEEK ENDING AUGUST 21, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	0	5	1269	1040
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	6	4
Gonorrhea	52	31	1484	1251
Infectious Hepatitis	1	1	64	44
Influenza	0	-	53	174
Measles	11	14	1794	2152
Mumps	9	9	945	1060
Poliomyelitis	1	1	6	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	7
Amebiasis	1
Tuberculosis	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	8	8
Salmonellosis	1	2	50	24
Scarlet Fever	3	1	140	218
Syphilis	16	7	576	403
Tuberculosis	9	13	324	330
Typhoid Fever	0	0	2	2
Whooping Cough	1	2	11	41
Poliomyelitis (Disease Year)**		-	5	2

	1959	1958
Deaths Recorded For The Week	183	179
Births Recorded For The Week	387	400

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN. ** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 31, 1959

THE BURNT CHILD

Because only deaths resulting from burns are reported (34 in San Francisco in 1958), exact figures on the incidence of accidental burning are not available. Such accidents throughout the country, however, are estimated to be very high, probably in the neighborhood of forty to seventy thousand each year, most of which occur in and about the home and the majority happening to children or elderly persons. Formerly, half or more of the children affected would have died of such accidents. Today, due to the great improvements made in the treatment of burns, many now survive, - but only to face months of care and disability and possibly a lifetime of disfigurement. The four main causes of burns in the home environs have been found to be: 1) ignition of clothing; 2) direct contact with flame, hot ashes or a hot stove; 3) gasoline or kerosene; 4) hot liquids such as water or grease.

A survey covering thirty years in one area showed that ignited clothing was the most frequent cause of severe burns of children, an open fireplace being the usual source of trouble. Trash fires or playing with matches constitute the next most important cause. Most of the children involved were three to six year olds. Inquisitive two and three year olds accounted for most of the scald burns by overturning pots of boiling liquids from the stove or falling into tubs of hot water. Early adolescents seemed to have the most trouble from careless handling of inflammable liquids.

It is a fact that almost every one of these "accidents" could be avoided. As parents we know that open fireplaces should have firescreens; that our children should never be left alone in a room where there is an exposed heating appliance or fire going; that handles of pots on the stove should be turned so that children cannot reach them; that gasoline and kerosene must be handled with caution. We know, - yet in our hurry through the day's work we sometimes say "Just this once won't matter". Yet it is "just this once" that so frequently results in tragedy. We can't allow the young child to learn the danger of fire or of hot objects by bitter experience. It is our responsibility as parents to take the necessary time and forethought to remove any hazardous situations in and about the home and by consistent discipline to teach our youngsters to observe the proper precautions to avoid accidents from burning. Such example and action on our part are as essential to a child's sense of security as it is to his safety.

STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 28, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	3	10	1272	1053
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	6	4
GONORRHEA	35	38	1519	1301
INFECTIOUS HEPATITIS	1	1	65	46
INFLUENZA	0	-	53	174
MEASLES	4	8	1798	2160
MUMPS	7	6	952	1064
POLIOMYELITIS	1	0	7	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	2
SYPHILIS	1

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	3	3	53	33
SCARLET FEVER	3	0	143	218
SYPHILIS	15	8	591	419
TUBERCULOSIS	7	14	331	338
TYPHOID FEVER	0	0	2	2
WHOOPING COUGH	0	1	11	42
POLIOMYELITIS (DISEASE YEAR)**		-	6	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	173	177
BIRTHS RECORDED FOR THE WEEK	408	374

** "D[illegible]GINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 8, 1959

DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA & UNITED STATES, 1958

CAUSE OF DEATH	RATE PER 100,000 ESTIMATED POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	CAL.	U.S.	S.F.	CAL.	U.S.
TOTAL, ALL CAUSES	1185.1	851.4	950.6	100.0	100.0	100.0
HEART DISEASES	459.5	315.3	365.8	38.8	37.0	38.5
MALIGNANT NEOPLASMS	203.8	138.7	146.2	17.2	16.3	15.4
VASCULAR LESIONS	121.7	93.9	110.9	10.3	11.0	11.7
ACCIDENTS	62.2	50.4	52.6	5.2	5.9	5.5
CIRRHOSIS OF LIVER	45.9	16.5	10.6	3.9	1.9	1.1
INFLUENZA & PNEUMONIA	36.2	27.9	33.1	3.1	3.3	3.5
DISEASES OF EARLY INFANCY	33.4	37.1	40.1	2.8	4.4	4.2
SUICIDES	25.0	16.4	10.4	2.1	1.9	1.1
ARTERIOSCLEROSIS	21.5	20.2	20.0	1.8	2.4	2.1
ULCERS OF STOMACH AND DUODENUM	13.5	7.1	6.2	1.1	0.8	0.6
DIABETES	13.3	9.8	15.3	1.1	1.2	1.6
TURERCULOSIS	9.7	5.9	6.9	0.8	0.7	0.7
CONGENITAL MALFORMATIONS	9.1	12.0	12.0	0.8	1.4	1.3

In 1958, San Francisco's crude death rate of 11.8 per 1,000 population was, as always, higher than the rate of 8.5 for the state and 9.5 for the nation. Our death rate from cirrhosis of the liver is appreciably higher than in California or in the United States. However, this is partly accounted for by the more complete reporting in San Francisco than in many other cities and the higher proportion of autopsies performed here than elsewhere. While our high suicide rate remained the same as last year, the state rate increased from 14.6 to 16.4 and the national rate from 9.4 to 10.4. It is noteworthy that the death rate for tuberculosis dropped below ten for the first time in the city's history.

STATISTICAL REPORT FOR THE 35th WEEK ENDING SEPTEMBER 4, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	3	5	1275	1057
DIPHTHERIS	0	0	0	0
EPIDEMIC MENINGITIS	0	0	6	5
GONORRHEA	51	37	1570	1338
INFECTIOUS HEPATITIS	4	1	69	46
INFLUENZA	0	-	53	174
MEASLES	5	16	1803	2176
MUMPS	6	3	958	1067
POLIOMYELITIS	0	2	7	5

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	3	1	56	34
SCARLET FEVER	2	1	145	220
SYPHILIS	12	11	603	430
TUBERCULOSIS	6	6	337	345
TYPHOID FEVER	0	0	2	2
WHOOPING COUGH	0	1	11	43
POLIOMYELITIS (DISEASE YEAR)**		-	6	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
TUBERCULOSIS	2

	1959	1958
DEATHS RECORDED FOR THE WEEK	173	168
BIRTHS RECORDED FOR THE WEEK	315	357

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1st.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 14, 1959

TRAFFIC DEATHS

One hundred and sixty San Franciscans died of motor vehicle accidents in 1958. Fifty-six of these people were pedestrians at the time of the accident. Two were on bicycles and the remainder, or 102, were people who died from accidents involving one or more motor vehicles including streetcars and buses. It should be remembered that these statistics have been corrected for residence and therefore include traffic deaths to San Franciscans only regardless of the location of the accident and do not include traffic deaths occurring in San Francisco to residents of other counties. Of the 160 motor vehicle fatalities, six were to children age 2 - 4, and seven to children age 5 - 9, or a total of thirteen traffic deaths to San Francisco children under ten years of age.

At this time of the year children are returning to the classroom and many are attending school for the first time - a new and sometimes frightening experience to them. By means of traffic safety programs developed and carried on cooperatively by the school departments, police department and parent-teacher organizations, students themselves serve to control traffic and teach other youngsters to observe all pedestrian safety rules. However, this attempt on the part of official agencies and parent groups to protect the life of the child is sometimes nullified by the bad example set by parents who cross the street without regard to pedestrian lanes or traffic lights. What are children to think when they see adults violate the safety rules for pedestrians? "Do as I say and not as I do," is not sound teaching. Children learn by imitation as well as by what they're told.

The saving of lives and prevention of injury will come about only as every person, adult as well as child, observes the necessary safety rules. These include:- (1) cross street at corners or in marked pedestrian lanes only (2) obey traffic signal lights - wait a moment when light changes before stepping off curb (3) never step out from behind parked cars (4) be very careful in getting off a bus or streetcar (5) carry or wear something white or light-colored at night (6) be alert - even when you have the right of way and especially at night or in bad weather.

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STATISTICAL REPORT FOR THE 36th WEEK ENDING SEPTEMBER 11, 1959

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CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	3	3	1278	1059
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	6	5
INFLUENZA	0	-	53	174
MEASLES	8	7	1811	2188
MUMPS	14	6	972	1073
POLIOMYELITIS	0	1	6	5
GONORRHEA	50	29	1620	1367

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	2	2	58	36
SCARLET FEVER	0	1	145	225
SYPHILIS	8	8	611	438
TUBERCULOSIS	7	9	344	360
TYPHOID FEVER	0	0	2	2
WHOOPING COUGH	2	1	13	43
INFECTIOUS HEPATITIS	4	1	73	47
POLIOMYELITIS (DISEASE YEAR)**		-	5	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	3

	1959	1958
DEATHS RECORDED FOR THE WEEK	155	183
BIRTHS RECORDED FOR THE WEEK	230	284

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 21, 1959

SAN FRANCISCO'S CHANGING POPULATION

On July 1, 1958, the population of San Francisco as estimated by the California State Department of Finance was 791,100, an increase of 2% over the 1950 census figure of 775,357. In 1900 our population was 342,782 and by 1950 it had more than doubled. But since 1950 it has become stabilized and we are not growing as fast as are the surrounding counties, the state or the nation. Population growth is limited in San Francisco by county limits, hilly topography and the presence of military reservations. Because of its limited land area - less than 45 square miles - the density of our population is exceeded by only five other cities in the United States.

PERCENT OF POPULATION BY AGE GROUP, SAN FRANCISCO

Age Group	Percent of Total Population 1910	1930	1950	Applied to 1958 Est. Population
Under 5	7.0	5.1	8.1	64,100
5 - 14	11.9	11.6	9.8	77,500
15 - 24	18.9	16.1	12.8	101,300
25 - 44	40.9	38.3	33.9	268,200
45 - 64	16.5	23.3	25.8	204,100
65 and over	3.8	5.2	9.6	75,900

The above table illustrates the ever-changing character of our population by age groups. The increase in the proportion of residents in the older age groups is particularly significant from a public health standpoint. In 1950 over 25% of the population was in the 45 - 64 age group compared to 16% in 1910. The 65 and over age group increased 3.8% in 1910 to 9.6% in 1950, and undoubtedly exceeds 10% today. The percentage of this same age group is notably less in the adjacent counties, the state and nation. The 1950 percentages are: Alameda - 8.6, Marin - 7.4, San Mateo - 6.3, California - 8.4 and United States - 8.1, demonstrating that San Francisco is a city of older people.

STATISTICAL REPORT FOR THE 37th WEEK ENDING SEPTEMBER 18, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	8	8	1286	1068
Diphtheria	0	0	0	0
Epidemic Meningitis	1	0	7	6
Gonorrhea	27	22	1647	1398
Infectious Hepatitis	0	1	73	48
Influenza	0	-	53	174
Measles	10	9	1821	2197
Mumps	9	8	981	1079
Poliomyelitis	0	1	6	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	8	8
Salmonellosis	1	2	59	37
Scarlet Fever	2	3	147	229
Syphilis	8	6	619	453
Tuberculosis	3	7	347	364
Typhoid Fever	0	0	2	3
Whooping Cough	0	1	13	44
Poliomyelitis (Disease Year)**	-		5	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	5
Syphilis	1

	1959	1958
Deaths Recorded for the Week	222	196
Births Recorded for the Week	631	478

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 28, 1959

PERCENT OF POPULATION BY RACIAL GROUP, SAN FRANCISCO

Race	1900	1950	1955(Est.)	1958(Est.)	Estimates For 1958 Population
White	94.9	89.5	88.3	87.0	688,000
Negro	0.5	5.6	6.0	7.0	55,200
Chinese	4.1	3.2	3.8	4.0	32,000
Japanese	0.5	0.7	0.9	0.9	7,500
Other (Chiefly Filipino)-		1.0	1.0	1.1	8,400

Information about the number and nature of the people who make up the population of San Francisco is of wide interest and application. Such information has an important bearing on the planning of governmental and other agencies, business and industry, as well as personal plans. In the provision of health and welfare services the appraisal of problems and the planning of sound programs to meet them must be based on an understanding of the number, composition and distribution of population. The 1960 census will give us new and accurate data on many population characteristics.

Last week we spoke of the numerical changes and age distribution in our population. The changing racial composition of the city's population is indicated in the table above. A sharp increase in our Negro population occurred during World War II. In 1940 there were about 4,800 Negroes in San Francisco. In 1945 a special census counted 32,000. Health workers recognize that special health problems are associated with specific racial groups. Whites have higher death rates than the other groups for diseases of the heart and circulatory system, cancer and cirrhosis of the liver. Deaths from diseases of early infancy and congenital malformations are higher for Negroes. Deaths from ulcers and suicide are higher for the Chinese.

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STATISTICAL REPORT FOR THE 38th WEEK ENDING SEPTEMBER 25, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	3	8	1289	1076
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	7	6
Gonorrhea	54	27	1701	1436
Infectious Hepatitis	4	1	77	48
Influenza	0	-	53	175
Measles	4	6	1825	2203
Mumps	14	10	995	1089
Poliomyelitis	0	1	6	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	8	8
Salmonellosis	2	1	61	38
Scarlet Fever	3	3	150	234
Syphilis	17	7	636	464
Tuberculosis	6	9	352	380
Typhoid Fever	0	0	2	3
Whooping Cough	0	4	13	44
Poliomyelitis (Disease Year)**	-		5	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	4
Tuberculosis	2

	1959	1958
Deaths Recorded For The Week	197	181
Births Recorded For The Week	344	413

* NORMAL EXPECTANCY BASED ON A FIVE YEAR-MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR October 5, 1959

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THE MEDICAL CHECKUP

Early diagnosis is the key to the successful treatment or control of many diseases. In public health we have long urged this early detection of trouble by means of the personal periodic health checkup by a physician. The concept of a regular health appraisal of a seemingly well person is not new. It is estimated that over one-half of all visits to pediatricians are for health supervision. Obstetricians help insure healthier babies and mothers through the prenatal examination. The San Francisco Department of Public Health conducts clinics for well babies, called Child Health Conferences, and our medical and nursing personnel provide school medical examinations of students in both public and parochial schools.

Among adults, however, the value of a periodic physical examination by a doctor is not fully appreciated. As San Francisco is a city with an aging population there is an increasing need for early discovery of illnesses associated with the middle-aged and older, and to which they are susceptible. The effects of chronic diseases such as cancer, diabetes, and those of the heart and blood vessels, for example, can be minimized by diagnosis and treatment in the early stages. And yet many people disregard little danger signals and seek medical attention only after symptoms are so severe they cannot be ignored. To some, the fear that an examination may reveal a serious illness acts as a deterrent. A more rational and positive point of view accepts the doctor as health counselor and the value of knowing, one way or the other, one's own health status. If the doctor's health appraisal reveals no sign of trouble,--this is encouraging. If hidden trouble is discovered, it gives the physician the opportunity to act promptly for the patient's health and perhaps avoid unnecessary suffering or long expensive treatment. Further, the health checkup affords an opportunity for the doctor to help the person gain a better understanding of his health needs, both mental and physical, and improve his personal health practices.

It might be well for all of us over 30 to establish a pattern of getting an annual physical examination during the month of our birthday, which would serve as a reminder. The family doctor is the logical person to conduct this annual examination. We should look on him as an ally in our efforts to enjoy healthy lives.

STATISTICAL REPORT FOR THE 39TH WEEK ENDING OCTOBER 2, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	4	6	1293	1080
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	53	27	1754	1473
INFECTIOUS HEPATITIS	2	1	79	49
INFLUENZA	0	-	53	175
MEASLES	4	9	1829	2217
MUMPS	7	16	1002	1105
POLIOMYELITIS	1	0	7	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	1	0	62	38
SCARLET FEVER	7	2	157	235
SYPHILIS	21	5	657	473
TUBERCULOSIS	6	12	357	392
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	2	13	48
POLIOMYELITIS (DISEASE YEAR)**			6	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES

PNEUMONIA	3
SYPHILIS	4
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	176	195
BIRTHS RECORDED FOR THE WEEK	525	530

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR OCTOBER 12, 1959

VISION AND HEARING TESTING

During 1958, 2,879 children were seen by the Health Department's ophthalmologist in our Eye Diagnostic Center. All of these children were referred by a public health nurse, a parent, a school doctor or a community agency because the child in each case was suspected of having poor vision. After examination by the ophthalmologist, the child may be referred to private eye care, a clinic or to the Crippled Children Services Program for any care which is necessary. About eighty-four per cent of the children seen by the ophthalmologist during 1958 were recommended for such further care. When a child is referred for follow-up, the public health nurse in the school is informed of the recommendations and then follows up the case with the parent to see that necessary care is obtained. In January, 1959, seventy-two of the children examined in the Eye Diagnostic Center were referred for refractions. Six months later, as of July 1, 1959, sixty of these children had obtained glasses; five more were under medical care for their vision problem;another five children had obtained prescriptions for glasses and were in the process of obtaining them; two children had graduated or moved away before the follow-up could be completed. Thus, seventy of the seventy-two children referred had been seen by their eye examiner and were under care.

The objectives of the Health Department's hearing program are to find children with impaired hearing, furnish the medical diagnosis, initiate medical and educational corrective measures and prevent further hearing loss whenever possible. All children in San Francisco's public and parochial schools receive such a hearing test approximately every three years from the third grade on. Those children who fail to pass the group hearing test receive an individual hearing test in the school. If a child fails to pass the individual hearing test, he is referred for another test and ear examination to his private otologist or to the Health Department's otologist. A total of 39,769 such tests were given during 1958. Both for medical and educational reasons it is important to discover a child with a hearing impairment as early as possible so that audiometric testing should be extended to include first graders. Lack of an additional audiometrist prevents us from accomplishing this objective at the present time. We are hopeful, however, that this inadequacy will be remedied in the very near future.

STATISTICAL REPORT FOR THE 40TH WEEK ENDING OCTOBER 9, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	3	13	1296	1085
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	61	31	1815	1524
INFECTIOUS HEPATITIS	0	0	79	51
INFLUENZA	1	-	54	175
MEASLES	6	8	1835	2228
MUMPS	33	9	1035	1116
POLIOMYELITIS	0	4	7	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	1	0	9	8
SALMONELLOSIS	1	2	63	43
SCARLET FEVER	2	1	159	236
SYPHILIS	11	6	668	477
TUBERCULOSIS	4	8	360	396
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	2	13	48
POLIOMYELITIS (DISEASE YEAR)**			6	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGITIS, H. INFLUENZAE	1
PNEUMONIA	3
SYPHILIS	2
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	183	175
BIRTHS RECORDED FOR THE WEEK	375	388

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL FIRST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 19,1959

OCT 19 1959

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HYGIENE OF HOUSING

Human beings must live in an environment which is in part provided by nature and in part produced or modified for good or for bad by the people living in it. Urban centers create problems that would not have existed had the same people lived in spread out rural areas. When we concentrate approximately 800,000 people in less than 45 square miles of land we produce problems and simultaneously, as an organized community, we produce the means to meet as many of them as we can.

The Department of Public Health has multiple responsibilities in the sanitary control of the environment in which the people of San Francisco live. One major function of this Department concerns the hygiene of housing. Working under a new housing code which has been in effect for over a year, we correlate our activities with those of other code-enforcing departments, including the City Planning Commission, the Bureau of Building Inspection of the Department of Public Works, the Bureau of Fire Prevention of the Fire Department and other urban renewal agencies.

We have the responsibility primarily for buildings which have multiple occupancy. In the enforcement of the housing code pertaining to illegal occupancies such as the conversion of four flats into eight apartments, families are automatically forced out of such illegal occupancies, thus requiring them to search for housing which is safe and sanitary. Many of these low-income families can pay only $50 or $60 a month rent, and it is most difficult for such families to find housing that meets legal requirements. This problem is increasing consistently, and is one of the major problems that we face in trying to clear up our slums and rehabilitate deteriorated housing. In eliminating substandard conditions in such areas as the Western Addition, it is estimated that within the next few years, from 10,000 to 20,000 people may be displaced.

The provision of safe wiring, adequate ventilation, adequate fire protection, the venting of gas appliances and similar provisions are all necessary if we are to provide a healthful environment in which our people live. Another problem relating to slum clearance is that when a building is demolished, the breeding areas for rodents become disturbed, and they seek other places for their homes. Therefore, the demolition company must contract with a rodent control concern to provide for the killing of rodents, to prevent them from simply moving into other areas, thus possibly transmitting diseases.

STATISTICAL REPORT FOR THE 41ST WEEK ENDING OCTOBER 16, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	5	11	1301	1096
DIPHTHERIA	1	0	1	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	54	26	1869	1562
INFECTIOUS HEPATITIS	3	0	82	53
INFLUENZA	1	-	55	176
MEASLES	6	9	1841	2237
MUMPS	14	16	1049	1132
POLIOMYELITIS	0	2	7	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	9	8
SALMONELLOSIS	1	1	64	44
SCARLET FEVER	0	2	159	238
SYPHILIS	9	7	677	498
TUBERCULOSIS	2	9	362	400
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	3	0	16	48
POLIOMYELITIS (DISEASE YEAR) **			6	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5
SYPHILIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	126	183
BIRTHS RECORDED FOR THE WEEK	313	433

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL FIRST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 26, 1959

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PLASTIC FILM HAZARDS

With the coming of fall and winter weather, children's play will move indoors more and may mean increased accident hazards to children within the home environment. A newly discovered danger, particularly for infants and toddlers, has been found in the misuse of thin plastic bags and wrappers which can cause mechanical suffocation if brought to the face. This plastic material is polyethylene four to six-thousandths of an inch thick which is a very useful product as a protective covering for cleaned garments, foods and other consumer goods. In appearance it is shiny, soft-to-the-touch, silky, pliable and has "see through" characteristics. All these qualities make plastic film attractive to children as a plaything.

If plastic bags are left within reach of small children they may cause disaster. Children like to pull the bags over their heads and are delighted because they can see through them. The ultra-thin film, however, may cling to the face, shutting off air from the mouth and nose. If this happens, only prompt intervention by an adult can prevent suffocation. Parents themselves have inadvertently caused infant deaths from suffocation by the use of plastic dry-cleaning bags as improvised mattress covers, pillow covers or mattress protectors.

When the hazards from the misuse of plastic film were realized, steps were taken to prevent unnecessary tragedies. A bill was passed at the last session of the State Legislature requiring warning labels on plastic bags. The plastics and dry-cleaning industries, the Public Health Service, National Safety Council and physicians through their professional organizations have worked to spread knowledge of the danger of plastic film for babies and children. All parents and their children should know: (1) After a plastic bag or wrapping has served its purpose---dispose of it! Do this by burning or by tying it into knots and disposing into a refuse container. (2) Never use plastic film as a makeshift cover for mattresses, pillows or blankets. (3) Plastic film is not a plaything. Never let children play with it or leave it about where they can have access to it.

One final word of warning — Halloween is coming. This is a time when children like to wear masks and pull disguises over their heads. All parents of young children are cautioned to be absolutely certain that plastic film is not used for this purpose!

STATISTICAL REPORT FOR THE 42nd WEEK ENDING OCTOBER 23, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	13	14	1314	1102
Diphtheria	0	0	1	0
Epidemic Meningitis	0	0	7	6
Gonorrhea	53	29	1922	1603
Infectious Hepatitis	3	1	85	53
Influenza	0	-	55	176
Measles	3	12	1844	2250
Mumps	23	13	1072	1171
Poliomyelitis	0	3	7	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	9	8
Salmonellosis	1	1	65	46
Scarlet Fever	8	3	167	246
Syphilis	20	7	697	514
Tuberculosis	6	12	366	407
Typhoid Fever	0	0	2	3
Whooping Cough	0	2	16	48
Poliomyelitis (Disease Year)**	-		6	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	4
Syphilis	1
Tuberculosis	1

	1959	1958
Deaths Recorded for the Week	206	173
Births Recorded for the Week	435	381

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 2, 1959

THE TUBERCULIN TESTING PROGRAM IN THE SCHOOLS

During the last school year 62 previously unknown cases of tuberculosis, 31 of which were classified as active primary, were discovered through the school tuberculin testing program conducted by the Division of Tuberculosis Control of the San Francisco Department of Public Health. During the three years this program has been in operation 166 new cases have been discovered. Of these, 120 were uncovered in the schools and follow-up of contacts revealed 46 new adult cases at home.

The tuberculin test is a simple diagnostic skin test which consists of the injection of a clear fluid called tuberculin between the layers of the skin, usually on the forearm. When the site is examined by the doctor two to four days later, the size of the swelling indicates a positive or negative reaction. A positive test does not mean that the person has tuberculosis, but merely indicates that the body has been invaded by the tubercle bacillus at some time. Further examination including a chest x-ray is necessary to determine the presence of clinical tuberculosis.

With the cooperation of school authorities, the school skin testing program was inaugurated in all public and parochial schools in September, 1956. Every year all students in the first, seventh, tenth and twelfth grades and all students new to San Francisco schools are tested. Previously known positive reactors are excluded. In the 1958-59 school year 29,541 students were tested, with 1,765 or 6% reacting positively to the tuberculin. The follow-up of these positive reactors revealed a total of 44 cases in school children, —— 14 in high school, 3 in junior high and 27 in elementary school. Their family contacts revealed 18 new adult cases at home. When family contact cases are included, the case rate is 2.1 cases per each 1,000 students tested, indicating an excellent case-finding method.

The minifilm x-ray has been used effectively as a screening method for finding tuberculosis, but there has been a decline in its productivity, except in special groups, as the number of tuberculosis deaths and cases has decreased. As a screening device, the tuberculin testing program in the schools has provided more accurate data on the degree of infection and the detection of both active cases within the school and of source cases. The results after three years of this program attest to the effectiveness of this case-finding procedure.

STATISTICAL REPORT FOR THE 43rd WEEK ENDING OCTOBER 30, 1959

CASES REPORTED:	For The Week	5-Year Median*	1959 To Date	1958 To Date
Chickenpox	2	19	1316	1122
Diphtheria	0	0	1	0
Epidemic Meningitis	0	0	7	6
Gonorrhea	41	37	1963	1640
Infectious Hepatitis	1	2	86	55
Influenza	0	-	55	176
Measles	16	11	1860	2267
Mumps	0	9	1072	1203
Poliomyelitis	0	0	7	7

CASES REPORTED:	For The Week	5-Year Median*	1959 To Date	1958 To Date
Rheumatic Fever	0	0	9	8
Salmonellosis	5	2	70	47
Scarlet Fever	2	4	169	252
Syphilis	23	9	720	520
Tuberculosis	9	10	375	416
Typhoid Fever	0	0	2	3
Whooping Cough	1	1	17	48
Poliomyelitis (Disease Year)**		-	6	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	5
Tuberculosis	1

	1959	1958
Deaths recorded for the week	234	187
Births recorded for the week	405	360

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 9, 1959

POPULATION GROWTH AND EDUCATION FOR PARENTHOOD

More than four million babies are born each year in the United States. Since 1950 the population has increased 1.7% annually. If this growth continues at the rate of 1.5% for the next ten years it is estimated that the United States may have 208 million inhabitants by 1970. Trends indicate that California may grow nearly twice as fast as the rest of the country, and may add six million more inhabitants by 1970. Some of these will be in San Francisco as indicated by the fact that in 1958, 20,299 babies were born in this city. Approximately 15,000 of these were born to San Francisco residents. The already densely populated and limited land space in San Francisco probably precludes exceptional increases in population, but the number of inhabitants is expected to increase as the segments of population with larger families appear to be moving into some of the dwellings previously occupied by older inhabitants.

In growing populations it is necessary to think of quality, i.e., well-being and the ability to be self-sustaining. During recent years San Francisco statistics have compared favorably with national and state figures in both maternal mortality and infant death rates which are considered to be indicative of the well-being of a community. Maternal death rates during the last five years have been less than the national figure (four per 10,000 live births), and are approximately one-tenth of what they were in 1940. Reductions in infant death rates during the last twenty years have been less impressive. One contributing reason is that far too many premature births have continued to occur, and survival rates of very immature infants have not improved.

More and better education has been recommended to keep pace with scientific achievements. Education is no less needed for families to prepare for parenthood in an increasingly complicated and crowded world. One part of this is to emphasize the status and responsibility of parenthood. Thoughtful expectant parents also want to know how to prepare, and more fully cooperate with and follow the directions of their physicians.

The Health Department encourages more education for parenthood, and provides classes for expectant parents at three locations at the present time. Information regarding these classes may be secured by phoning the Sunset Health Center, MO 4-5622, the Marina-Richmond Health Center, WE 1-0430, or the North East Health Center, YU 2-4710 (for classes in Chinese).

STATISTICAL REPORT FOR THE 44th WEEK ENDING NOVEMBER 6, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	4	11	1320	1133
Diphtheria	0	0	1	0
Epidemic Meningitis	0	0	7	6
Gonorrhea	32	26	1995	1698
Infectious Hepatitis	1	0	87	57
Influenza	0	-	55	177
Measles	4	5	1864	2290
Mumps	29	9	1101	1219
Poliomyelitis	3	0	10	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	9	8
Salmonellosis	2	0	72	51
Scarlet Fever	6	2	175	257
Syphilis	9	10	729	538
Tuberculosis	27	11	401	427
Typhoid Fever	0	0	2	3
Whooping Cough	0	0	17	48
Poliomyelitis (Disease Year)**		-	9	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	4
Tuberculosis	1

	1959	1958
Deaths recorded for the week	144	203
Births recorded for the week	421	378

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 16, 1959

GONORRHEA - THE MOST COMMONLY REPORTED DISEASE

The increasing venereal disease problem in San Francisco is graphically demonstrated by the fact that gonorrhea has become the most commonly reported communicable disease in the city as shown in the statistical report at the bottom of the page. Not since the turbulent times of the mid-40's has this been the case. At that time an expanded program was set up to meet the problem with the resulting lowered rates of disease, reaching a low point in 1955.

CASES OF SELECTED REPORTABLE DISEASES, SAN FRANCISCO
Cumulative Number, First 45 Weeks of Each Calendar Years, 1950 - 1959

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Measles	539	8644	398	3161	4208	2689	2975	741	2308	1864
Gonorrhea	1658	1541	1523	1591	1356	1141	1287	1536	1738	2054
Syphilis	1132	1053	724	528	317	287	331	509	560	748
Tuberculosis, All Forms	766	737	762	610	649	612	503	490	433	414

The above table shows how the number of gonorrhea cases reported has increased in the past five years, with the figure for 1959 showing an 18% increase over 1958. There has been a more dramatic and infinitely more significant increase in syphilis over the same period of time. Latest U. S. Public Health Service figures indicate San Francisco has the highest rate of early infectious syphilis among cities of over 200,000, and is four times the average. There has been a decrease in the number of cases of tuberculosis reported for the same period. Yet, continued public interest has permitted the maintenance and even strengthening of the TB control program. It is appreciated that the fewer the cases, the greater the effort and expenditures necessary to find and treat each case. Despite the obvious increasing venereal disease problem, personnel and other budgetary outlays for VD control have been reduced repeatedly during the past six years.

In the preparation of next year's budget the Department will include what it feels is necessary to enable us to control this disease more effectively.

STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 13, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	5	16	1325	1145
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	59	29	2054	1738
INFECTIOUS HEPATITIS	2	1	89	59
INFLUENZA	0	-	55	177
MEASLES	0	18	1864	2308
MUMPS	20	20	1121	1246
POLIOMYELITIS	0	1	10	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	9	8
SALMONELLOSIS	0	2	72	52
SCARLET FEVER	2	4	177	263
SYPHILIS	19	5	748	560
TUBERCULOSIS	13	7	414	433
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	1	17	49
POLIOMYELITIS (DISEASE YEAR)**		-	9	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
POLIOMYELITIS	1
PNEUMONIA	2
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	193	186
BIRTHS RECORDED FOR THE WEEK	385	430

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 23, 1959

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A WINTER DANGER

The coming of colder weather brings an increase in the use of gas heaters and their attendant hazards. If previous statistics hold true, before the winter is out some boy or girl or adult or perhaps an entire family will die unnecessarily from utility (illuminating) gas. The final figures for 1957 show that 60 Californians lost their lives in this way. In San Francisco, 54 residents have died from this cause since 1950. To date in 1959 only two fatalities have occurred, — an eleven year old boy in February and a 55 year old man in April. Both were the victims of asphyxiation caused by an unvented gas heater. All of the above figures do not include deaths from fire and explosion, suicide or deaths from carbon monoxide poisoning except when utility gas was the source. While the number of accidental deaths due to utility gas is not large, any needless death is particularly tragic and, of course, many persons are made ill or narrowly excape death. Unvented gas heaters and other improperly installed gas appliances in homes, apartments, hotels and motels are a constant danger and improper room ventilation and the human factor of carelessness add to the hazards.

The law requires that all gas heaters be vented to the outside by connecting to a flue or chimney. They must be of an approved type, properly installed by licensed dealers under permit and inspection of local government. If a gas appliance does not seem to be working properly, it should be turned off and a gas appliance expert called in.

The Department of Public Health urges all residents of San Francisco to check their gas heaters now for improper venting and faulty connections. And even if properly installed, the observance of safety rules in the use of gas appliances is necessary to prevent carbon monoxide poisoning, fire or explosion. The following simple measures are recommended:

1. - Use only properly vented and legally installed gas heaters and appliances.
2. - Provide for ventilation by always keeping a window at least slightly open. Carbon monoxide gas cannot be seen and has no smell.
3. - Place heaters away from furniture, drapes and clothing and keep children away from heaters.

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STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 20, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	16	15	1341	1160
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	43	39	2097	1779
INFECTIOUS HEPATITIS	1	1	90	61
INFLUENZA	0	-	55	177
MEASLES	3	7	1867	2329
MUMPS	27	16	1148	1284
POLIOMYELITIS	0	1	10	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	9	8
SALMONELLOSIS	3	1	75	53
SCARLET FEVER	5	4	182	267
SYPHILIS	13	8	761	582
TUBERCULOSIS	15	11	428	445
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	5	17	57
POLIOMYELITIS (DISEASE YEAR)**		-	9	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	5
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	257	183
BIRTHS RECORDED FOR THE WEEK	358	358

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 30, 1959

PEDESTRIAN SAFETY

December is a hazardous month, particularly for the pedestrian. The early approach of dusk and darkness, the difficulty of sudden stops by motorists on wet or slippery streets, and the generally inclement weather with its reduced visibility at this time of the year, all make for extreme danger for the pedestrian. Added to this is the increased pace of the Christmas season, the hustle and bustle of holiday shopping and visiting, bringing more pedestrians on the streets and more vehicle traffic on the highways. Inevitably, people in a hurry get careless and endanger themselves and others by taking chances in traffic. On this point the National Safety Council reports that:

1. Almost two-thirds of pedestrians killed die in motor vehicle accidents occurring in urban areas. December is a high month with its average 43% above that of the year.

2. About one-third of the pedestrians killed in motor vehicle accidents are aged 65 or older.

3. More than one-third of the pedestrians killed in the six months period from October to March die in motor vehicle accidents occurring between 5 p.m. and 8 p.m., the first hours of dusk and darkness. Nearly half of ALL pedestrian fatalities occur between 6 p.m. and midnight.

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In considering the factors which cause these pedestrian accidents there is a tendency for pedestrians to lay the blame on motorists, who in turn lay the blame on the pedestrians. But who had the right of way can make little difference to the hundreds who are killed nor would the answer to the question magically heal the wounds of the thousands more pedestrians who are injured. The fact that more than one-third of the pedestrians killed last year died from accidents occurring outside authorized crosswalks is tragic evidence for pedestrians to use greater care for their own safety. It is up to each of us to protect himself and to be especially careful of those, both young and old, who are less able than we are to watch out for themselves. For after all, completed preparations for a perfect Christmas are of little value to the family which spends the day visiting one of its members in the hospital where his enthusiastic but careless holiday habits have landed him!!

STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 27, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	11	25	1352	1185
Diphtheria	0	0	1	0
Epidemic Meningitis	0	0	7	6
Gonorrhea	48	30	2145	1805
Infectious Hepatitis	3	1	93	62
Influenza	1	-	56	177
Measles	2	9	1869	2353
Mumps	35	21	1183	1329
Poliomyelitis	0	1	10	8

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	9	8
Salmonellosis	1	2	76	55
Scarlet Fever	7	4	189	272
Syphilis	16	6	777	599
Tuberculosis	10	12	438	460
Typhoid Fever	0	0	2	3
Whooping Cough	2	0	19	57
Poliomyelitis (Disease Year)**		-	9	7

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Infectious Hepatitis	1
Pneumonia	1
Septicemia	1
Silicosis	1
Tuberculosis	1

	1959	1958
Deaths recorded for the week	194	163
Births recorded for the week	352	479

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 7, 1959

URBAN ENVIRONMENT AND PUBLIC HEALTH

Whether "cleanliness is next to godliness" is a moot question. Nevertheless, public health services affect the environment of every person and this health department in cooperation with other departments of city government has responsibilities in the control of the environment in which the approximately 800,000 residents of this city live.

The Health Department, while based originally on the control of communicable diseases, now embraces a broad scope of activities which affect various aspects of the physical environment in which we live as a community. Thus, in order to control the quality of the almost 65,000 gallons of pasteurized milk and the milk products consumed by San Franciscans, the Health Department provides for the inspection of dairies, pasteurizing plants, retail stores and the laboratory services necessary to safeguard the wholesomeness of the city's milk supply. Our Bureau of Food and Sanitation cross checks bacteriological samples of our water supply and cooperates with Federal, State and Regional agencies in the continuous sampling of air pollution. Together with this there is a continual inspection made of the thousands of food and beverage outlets, and classes are provided for the instruction of food handlers. In housing, which is one of the major functions of this bureau, the Health Department works with other city code-enforcing agencies to clean up our slums, reduce illegal occupancies, rehabilitate deteriorated housing and bring about proper ventilation and sanitation.

We recognize that many of the problems which affect the health aspects of our urban environment cannot be solved by enforcement alone. Their solution will be brought about when the community realizes that a healthful environment does not result from the efforts of any one agency or even a group of agencies, but rather from the combined efforts of all of us. However difficult of attainment, this must remain our goal. The extent to which the Health Department succeeds in bringing about this realization will be the measure of our success in continuing to make our city a healthy and wholesome place in which to live.

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STATISTICAL REPORT FOR THE 48th WEEK ENDING DECEMBER 4, 1959

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CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Chickenpox	12	23	1364	1196
Diphtheria	0	0	1	0
Epidemic Meningitis	0	0	7	6
Gonorrhea	60	29	2205	1850
Infectious Hepatitis	1	1	94	63
Influenza	0	-	56	177
Measles	4	11	1873	2369
Mumps	13	12	1196	1350
Poliomyelitis	1	1	11	8

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
Rheumatic Fever	0	0	9	8
Salmonellosis	2	2	78	56
Scarlet Fever	4	5	193	276
Syphilis	14	12	791	615
Tuberculosis	4	7	442	462
Typhoid Fever	1	0	3	3
Whooping Cough	0	1	19	57
Poliomyelitis (Disease Year)**		-	10	7

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	4
Tuberculosis	2

	1959	1958
Deaths recorded for the week	180	158
Births recorded for the week	369	332

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 14, 1959

CODE AMENDMENTS AFFECTING BIRTH AND DEATH CERTIFICATES

Present economic and social conditions have greatly increased the frequency with which individuals must use a birth certificate to prove the facts of birth, date and place of birth and a death certificate to prove the fact of death. Thus these personal records are of great value to each of us. The information contained in the certificates serve to provide citizens and official agencies with authentic records of birth and death for life insurance, social security, inheritance claims and many other legal purposes; supply public health agencies and the medical profession with essential facts concerning births and deaths; and furnish for general social uses statistical data, such as life tables, population estimates, information on residence, and so on.

Hence the following recent Health and Safety Code amendments enacted by the 1959 Legislature relative to these certificates will be of interest to all of us.

1. Fingerprints of Mother and Footprints of Child: Section 10126 covering this requirement on birth certificates has been repealed.

2. Fees for Certified Copies and Search of Records: Sections 10605 and 10606 were amended to require a fee of $2.00 for certified copies and $2.00 per hour or fraction thereof for time searches. The effective date of this provision is January 1, 1960.

3. Access of Newspapermen to Vital Statistics Records: This section 10607 was added to the Health and Safety Code and provides that no charge shall be made to publishers, editors or reporters to inspect records of births, deaths or marriages in local or state offices.

The procedure for registering requires that the birth and death certificates shall be filed with the local registrar, who, in San Francisco, is the Director of Public Health. The Birth and Death Registry of the San Francisco Department of Public Health is located in the Central Health Department building at 101 Grove Street and it is here that these local records are kept and where certified copies can be obtained. The original records are permanently filed in Sacramento by the State Registrar.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 11, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	16	30	1380	1213
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	49	35	2254	1885
INFECTIOUS HEPATITIS	2	1	96	63
INFLUENZA	0	-	56	177
MEASLES	4	12	1877	2379
MUMPS	51	21	1247	1371
POLIOMYELITIS	0	1	11	8

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	9	8
SALMONELLOSIS	2	2	80	58
SCARLET FEVER	8	5	201	281
SYPHILIS	23	6	816	626
TUBERCULOSIS	8	11	450	470
TYPHOID FEVER	0	0	3	3
WHOOPING COUGH	0	0	19	57
POLIOMYELITIS (DISEASE YEAR)**		-	10	7

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
SYPHILIS	1
VIRAL ENCEPHALITIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	209	202
BIRTHS RECORDED FOR THE WEEK	432	418

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 21, 1959

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A MERRY CHRISTMAS

AND A

HEALTHFUL AND HAPPY

NEW YEAR

TO ALL OUR FRIENDS

From the employees of

The San Francisco Department

of Public Health

**** ****

STATISTICAL REPORT FOR THE 50th WEEK ENDING DECEMBER 18, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	10	27	1390	1227
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	63	33	2317	1924
INFECTIOUS HEPATITIS	0	1	96	63
INFLUENZA	2	-	58	177
MEASLES	7	13	1884	2431
MUMPS	34	27	1281	1412
POLIOMYELITIS	2	1	13	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	1
TUBERCULOSIS	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	1	0	10	8
SALMONELLOSIS	4	3	84	63
SCARLET FEVER	5	8	206	290
SYPHILIS	38	7	852	644
TUBERCULOSIS	18	8	468	476
TYPHOID FEVER	0	0	3	3
WHOOPING COUGH	0	1	19	58
POLIOMYELITIS (DISEASE YEAR)**		-	12	9

	1959	1958
DEATHS RECORDED FOR THE WEEK	213	213
BIRTHS RECORDED FOR THE WEEK	387	430

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1st.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 28, 1959

a new year greeting

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As the year 1959 draws to a close, we wish to express to the people of San Francisco our appreciation for the active support and continuing interest we have received in helping us to meet and solve our common public health problems. This community cooperation, combined with the excellent working relationships this Department enjoys with other City departments, and the devoted services of our 2900 employees have enabled the Administrative staff to make a very successful year in public health during 1959.

For this we wish to thank also, the press and radio and television stations for their contribution in the field of education in matters relating to community health; the hundreds of physicians who have donated thousands of man-hours of their time in the interest of our patients; the various official and voluntary organizations which have aided in the provision of health services without additional cost to the city; and the scores of volunteers who assist our professional staff in carrying out their duties and who bring happiness to the patients in our institutions by their services.

To each and all of you we extend our thanks and best wishes for health and happiness throughout the coming year.

STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 25th, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	5	25	1395	1252
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	54	31	2371	1970
INFECTIOUS HEPATITIS	3	0	99	63
INFLUENZA	1	-	59	177
MEASLES	0	9	1884	2450
MUMPS	12	18	1293	1448
POLIOMYELITIS	0	0	13	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	10	8
SALMONELLOSIS	0	2	84	66
SCARLET FEVER	2	4	208	296
SYPHILIS	22	8	874	666
TUBERCULOSIS	10	12	478	482
TYPHOID FEVER	0	0	3	3
WHOOPING COUGH	0	1	19	58
POLIOMYELITIS (DISEASE YEAR)**	-		12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	3
TUBERCULOSIS	1

	1959	1958
DEATHS RECORDED FOR THE WEEK	197	248
BIRTHS RECORDED FOR THE WEEK	312	427

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 4, 1960

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1959 PROVISIONAL ESTIMATES OF VITAL STATISTICS IN SAN FRANCISCO

	1959 PROVISIONAL	1958 FINAL
BIRTHS	20,400	20,299
DEATHS	10,000	9,833
DEATHS UNDER 1 YEAR	490	530
NEONATAL DEATHS	380	403
MATERNAL DEATHS	6	9
FETAL DEATHS	290	286
SOME IMPORTANT CAUSES OF DEATH BY OCCURRENCE		
HEART DISEASES	3,700	3,595
CANCER	2,080	2,031
VASCULAR LESIONS OF C.N.S.	900	917
CIRRHOSIS OF THE LIVER	430	394
ACCIDENTS	415	413
DISEASES OF EARLY INFANCY	270	339
PNEUMONIA	220	223
SUICIDES	200	205
CONGENITAL MALFORMATIONS	180	178
ARTERIOSCLEROSIS	180	146
DIABETES	100	108
ULCERS OF STOMACH AND DUODENUM	100	112
TUBERCULOSIS	50	52
HOMICIDES	35	38

Recorded births and deaths in San Francisco increased slightly in 1959 over 1958. Since about 30% of the people born in San Francisco and 16% of the people who died here were non-residents, it would be meaningless to calculate rates for these events. Some conclusions can be drawn from the figures, however; San Francisco is still a leading hospital center; nearly 27% of the cancer deaths and more than one-half of the deaths coded to congenital malformations were non-residents. Diseases characteristic of an aging population like San Francisco's show much lower proportions of non-residents; only 13% of the heart deaths, 11% of the cirrhosis deaths, and 10% of the vascular lesions and general arteriosclerosis were out-of-towners.

It is an encouraging sign that the deaths under one year of age will probably be lower than in 1958 with the reduction in certain diseases of early infancy, and that deaths from tuberculosis, the once-dreaded killer, continue to decrease, even though the number of cases of tuberculosis has not decreased so rapidly. Only one polio death was recorded but 12 of the 13 cases reported were spinal-paralytic and 10 had not received any inoculations of vaccine.

STATISTICAL REPORT FOR THE 52nd WEEK ENDING DECEMBER 31, 1959

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
CHICKENPOX	4	15	1399	1282
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	7	6
GONORRHEA	28	32	2399	2036
INFECTIOUS HEPATITIS	1	0	100	70
INFLUENZA	0	-	59	177
MEASLES	1	12	1885	2490
MUMPS	20	15	1313	1478
POLIOMYELITIS	0	0	13	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1959 TO DATE	1958 TO DATE
RHEUMATIC FEVER	0	0	10	8
SALMONELLOSIS	1	2	85	69
SCARLET FEVER	4	4	212	299
SYPHILIS	11	5	884	683
TUBERCULOSIS	18	11	495	494
TYPHOID FEVER	0	0	3	3
WHOOPING COUGH	0	0	19	60
POLIOMYELITIS (DISEASE YEAR)**	-		12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 6

	1959	1958
DEATHS RECORDED FOR THE WEEK	191	176
BIRTHS RECORDED FOR THE WEEK	335	326

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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ELLIS D. SOX, M.D., DIRECTOR JANUARY 11, 1960

WATER AND AIR SANITATION

The primary functions of the Health Department's Bureau of Sanitation are designed to prevent the development of insanitary and unsafe conditions in the daily environment of people in San Francisco. Accordingly, in addition to food and housing inspection, routine activities of this Bureau include the protection of the drinking water supply, both public and private, bottled waters, ice, swimming pools and bathing beaches. Due to the fact that San Francisco distributes water to interstate carriers, steamships, railroads and airlines, daily reports of bacteriological findings of our municipal water supply are given to the U. S. Public Health Service and to the California State Department of Public Health. The San Francisco Water Department and the Department of Public Health obtain water samples at several designated inlets and outlets within the city and on transmission lines outside the city limits at frequent intervals. Whenever bacteriological examination indicates even a slight degree of contamination at any point throughout the system, immediate investigation is made and its cause is eliminated.

Air pollution control includes elimination of point-source pollution and research. Samples of air pollutants are obtained at three strategically located stations within the city and daily analysis made to determine the degree of pollution. Under the supervision of the U. S. Public Health Service, San Francisco is one of 28 cities throughout the country engaged in air pollution research for the purpose of determining the effects, if any, atmospheric pollutants may have as the cause or aggravation of diseases of the lungs. This is accomplished by constant impingement of atmosphere 24 hours per day by three units at 101 Grove Street. The specimens obtained are forwarded to the National Air Sampling Network, Cincinnati, Ohio.

Although sewage treatment and disposal is not a function of the Health Department, we are required by state law to examine waters of bathing beaches and water sports recreational areas to determine the degree of pollution or contamination from treatment plants and raw sewage. The state law establishes certain standards that must be met. In the event of pollution beyond the maximum standards for a continuous period, it is incumbent on the Director of Public Health to prohibit swimming and water contact sports within the affected area.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 8, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	10	30	10	50
Diphtheria	0	0	0	0
Epidemic Meningitis	1	0	1	0
Gonorrhea	49	27	49	27
Infectious Hepatitis	5	0	5	0
Influenza	0	-	0	0
Measles	7	12	7	50
Mumps	28	19	28	46
Poliomyelitis	0	1	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	0	0
Salmonellosis	4	2	4	2
Scarlet Fever	6	3	6	3
Syphilis	16	9	16	18
Tuberculosis	12	9	12	9
Typhoid Fever	0	0	0	0
Whooping Cough	0	2	0	2
Poliomyelitis (Disease Year)**		-	12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Herpes Encephalitis	1
Infectious Hepatitis	1
Pneumonia	3
Subacute Bacterial Endocarditis	1
Syphilis	1

	1960	1959
Deaths recorded for the week	254	232
Births recorded for the week	453	418

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 18, 1960

THE EMERGENCY HOSPITAL SERVICE

The Health Department's Emergency Hospital Service through its staff of well-qualified physicians, nurses, stewards and drivers provides a combination of skills which has saved many lives in this community. This service is recognized as one of the most completely developed systems of municipally operated emergency hospitals in the country and has attained prominence for its organization, promptness in responding to calls and the type of treatment given to patients. Over 100,000 cases are treated and approximately 35,000 ambulance calls are made each year. Each of the five hospitals is provided with a staff consisting of a doctor, a registered nurse and a well-trained steward and driver. The hospitals do not attempt to supplant or substitute for private medical care but are essentially a liaison service between an accident or medical case and more permanent care. No x-ray or laboratory services are provided and the treatment given is of an emergency nature and is meant only to care for the patient until medical care from his own physician can be obtained. To this extent the emergency service supplements the private physician and protects the patient temporarily until he can see his own doctor or be seen at a clinic or other facility.

Each ambulance is equipped to transport as many as four stretcher cases at once, carries over two hundred items including instruments, medications, surgical supplies, oxygen and a two-way radio. Each of the five emergency hospitals - Central, Harbor, Alemany, Park and Mission is open twenty-four hours a day and each has two treatment rooms, wards, kitchen, office and waiting room and can cope with almost any emergency. There is a supplemental hospital at Fleishacker Pool which is open eight hours a day during the summer months and on Saturdays, Sundays and holidays during the rest of the year.

The Emergency Hospital Service also cooperates with the Police Department in the Nalline testing program, provides transportation for officers serving mental illness warrants, provides the blood testing for alcoholics, and on request of the Police Department examines cases of suspected rape. In addition, our Central Emergency Hospital serves as a Poison Information Center for the management of poisoning cases, acting as an auxiliary to the medical profession in providing help when the family doctor cannot be located or when a physician needs information in this kind of emergency.

STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 15, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	20	47	30	95
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	1	0
Gonorrhea	51	40	100	92
Infectious Hepatitis	2	2	7	3
Influenza	1	-	1	0
Measles	7	36	14	130
Mumps	77	31	105	77
Poliomyelitis	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	0	0
Salmonellosis	2	4	6	5
Scarlet Fever	10	4	16	7
Syphilis	4	9	20	27
Tuberculosis	13	7	25	17
Typhoid Fever	0	0	0	0
Whooping Cough	1	0	1	2
Poliomyelitis (Disease Year)**		-	12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Hepatitis	1
Pneumonia	7
Syphilis	2

	1960	1959
Deaths recorded for the week	244	272
Births recorded for the week	405	387

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 25, 1960

1960

A NEW DEMONSTRATION PROJECT IN PREVENTIVE MENTAL HEALTH SERVICES

For the past six weeks a psychiatric social worker from the Division of Mental Hygiene has been involved in an experimental demonstration at the Hunter's Point Health Center. She has been collaborating with the Center's staff in working out techniques of interviewing and in selecting those problem areas which will make the Child Health Conference more effective from a mental health viewpoint. The project, which centers about the parent-child relationship and the problems that normally arise in the course of growth and development of the child, is in line with current psychiatric thinking that more attention must be paid to the prevention of emotional problems and that help given to parents of pre-schoolers should prove more effective to this end. The Child Health Conference was selected for the following reasons: 1) the project is actually an extension of the traditional functions of the Conference to keep the well child well and to promote the highest level of his complete well being; 2) the larger number of families reached; 3) the age of the children seen — from infancy to five years; 4) the representative nature of the families served in terms of total community.

The goal of the project is to develop techniques of interviewing which can be readily used by the health center staff within the limitations of the Child Health Conference to elicit the real concerns and anxieties of the mother and to give her the kind of supportive help which will enable her to function more effectively as a mother. This involves the collaboration of the psychiatric social worker with the staff and her participation in the Child Health Conference at two points of contact with the families, viz: with the nurse at the initial interviewing desk and with the doctor and another nurse in the examining room. Following the Conference, the personnel directly involved, the physician, the two nurses, and the social worker, meet with the supervising nurse and discuss the families seen and the problems presented. Once a month there is a meeting of the total staff at the Center to discuss the project. The projected plan is to rotate the staff nurses through the Child Health Conference so that each nurse will have a chance to participate in the project for one month. At the end of seven months when the project will be complete, there will be an evaluation in terms of its usefulness in accomplishing the basic aim of strengthening the Child Health Conference from a mental health viewpoint.

STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 22, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	8	36	38	138
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	1	0
GONORRHEA	48	42	147	150
INFECTIOUS HEPATITIS	8	2	15	5
INFLUENZA	7	-	8	0
MEASLES	8	30	22	178
MUMPS	31	36	136	104
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	0	0	6	5
SCARLET FEVER	6	4	22	11
SYPHILIS	21	9	41	46
TUBERCULOSIS	13	11	38	27
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	1	2	2
POLIOMYELITIS (DISEASE YEAR)**	-		12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

HEPATITIS	2
PNEUMONIA	10
TUBERCULOSIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	231	272
BIRTHS RECORDED FOR THE WEEK	405	387

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 1, 1960

1960

HELPING THE HANDICAPPED CHILD

Most children grow and develop normally and are able to take full advantage of the educational, social, recreational and employment opportunities which are made available to them. A sizeable number of children, however, suffer from handicapping conditions acquired through disease, accident or faulty development which interfere with their living such a normal life. Among these conditions are nephrosis, rheumatic fever, defects of the bones and muscles, serious defects of the jaws and teeth, serious diseases of the eyes and ears, deformities of the heart, orthopedic defects either congenital, or resulting from such diseases as polio, and a number of other disabling deformities or disfigurements.

Fortunately, many of these children with such handicaps or conditions leading to handicaps can be and are helped by means of the Health Department's Crippled Children's Program. Through this program, children are provided with braces, hearing aids, artificial limbs or other appliances; and surgery, hospitalization and convalescent care services are given where necessary. In addition, the unmet needs of cerebral palsied children in San Francisco are currently being studied with a view toward increasing the scope of available services for this condition. Any medical advisor may refer a child to this program either directly or through a social agency by means of a written statement from the referring physician, giving the diagnosis, known or suspected, and the tentative plan of treatment. To assist the Health Department in carrying out this program, the State Department of Public Health provides funds amounting to about two-thirds of the total cost of the program. Our expenditures are offset by reimbursements from the families of patients who are partially able to pay, together with monies collected from health insurance covering the individual child.

In addition to its humanitarian aspects, this program also represents a tremendous economic saving because of the transformation of potentially life-long, dependent unemployed persons to normal functioning adults. Since the program began in 1946, thousands of San Francisco's handicapped children whose parents were unable or only partially able to pay for the needed medical attention, have had their handicaps corrected and have grown into useful citizens in this community.

STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 29, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	17	49	55	187
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	1	0
GONORRHEA	41	38	188	189
INFECTIOUS HEPATITIS	6	0	21	6
INFLUENZA	9	-	17	0
MEASLES	1	36	23	222
MUMPS	33	33	169	137
POLIOMYELITIS	0	1	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	1	0	1
SALMONELLOSIS	0	1	6	6
SCARLET FEVER	9	9	30	18
SYPHILIS	20	9	61	54
TUBERCULOSIS	10	11	47	33
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	2	2
POLIOMYELITIS (DISEASE YEAR)**		-	12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	1
INFLUENZA	1
PNEUMONIA	7

	1960	1959
DEATHS RECORDED FOR THE WEEK	206	190
BIRTHS RECORDED FOR THE WEEK	368	311

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 8, 1960

MALOCCLUSION

Malocclusion is the term used to describe the dental deformities resulting from irregular positioning of the teeth and the failure of the upper and lower teeth to meet properly. Though these defects seldom receive the public attention given to tooth decay, studies indicate that about one-fifth of the children in any one age group need treatment for various forms of this condition.

The specific causes of the various types of malocclusion are not always easily determined and both hereditary and environmental factors may play a role in causing these dental irregularities. But we know today that in the development of the dental structure, in the proper growth of the jaws and in the prevention of poorly positioned teeth, the first five years of a child's life are critical. Early and periodic visits to the dentist during these pre-school years are essential in the prevention of the premature loss of the primary teeth and to maintain the proper space for the teeth which will erupt later. Also at this time environmental factors may be uncovered such as persistent thumbsucking or sleeping habits that put undue pressure on the developing jaws and interfere with anormal growth pattern.

The results of malocclusion can be varied and broad. In some instances they may interfere with chewing and cause dental diseases later in life. In others, they may result in or cause facial deformities and speech defects which in turn may lead to social and emotional disturbances. In the final analysis, prevention is far simpler and less costly than correction, and parents should be aware of the importance of proper dental care to the health, appearance and emotional well-being of their children. Early and regular dental examinations are the best insurance against serious orthodontic trouble. Prolonged treatment can thus be avoided and the chances for complete correction of this condition whether inherited or acquired will be greatly increased.

CHILDREN'S DENTAL HEALTH WEEK, FEBRUARY 7-13, 1960

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STATISTICAL REPORT FOR THE 5th WEEK ENDING FEBRUARY 5, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	9	25	64	212
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	1	1	0
GONORRHEA	38	41	226	240
INFECTIOUS HEPATITIS	1	1	22	11
INFLUENZA	18	-	35	0
MEASLES	2	18	25	255
MUMPS	22	21	191	155
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	1	0	1	2
SALMONELLOSIS	1	1	7	8
SCARLET FEVER	4	7	34	21
SYPHILIS	18	12	79	74
TUBERCULOSIS	9	11	56	43
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	0	3	2
POLIOMYELITIS (DISEASE YEAR)**		-	12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	7
RHEUMATIC FEVER	1
SYPHILIS	2

	1960	1959
DEATHS RECORDED FOR THE WEEK	264	200
BIRTHS RECORDED FOR THE WEEK	518	510

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN. ** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 15, 1960

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OBESITY

Forty, thirty or even twenty years ago, public health workers were most concerned with controlling communicable diseases and infections. Today most of these major causes of illness and death of former years have yielded to the many new weapons of medical science and to persistent efforts on the part of doctors and public health agencies. As a result, other conditions are now coming to the fore as major public health problems. One of these is obesity or overweight which, according to the U. S. Public Health Service, is "the greatest problem in preventive medicine in the United States today".

We do not know exactly how many people in our population are overweight nor exactly what direct bearing weight has on mortality. But we do know from studies made by various research groups all over the country that overweight people develop diabetes, heart disease, high blood pressure, kidney disease and other life-shortening conditions earlier and are likely to die younger than people of normal weight. They run a greater risk when surgery is necessary and also seem to have less resistance to infections. Complications in pregnancy occur more frequently in overweight women than in those whose weight is normal. On the other hand, life is much easier, more comfortable and more enjoyable in many ways for people whose weight is normal. They usually feel better and are less likely to suffer from many daily discomforts. They are apt to live longer because of better resistance to infections and organic diseases. Lastly but certainly not least, in addition to feeling better, they look better.

While there are numerous contributing influences, it is an accepted fact that most people are overweight simply because they eat too much. Body metabolism begins to slow up between the ages of thirty and forty, less food is needed to do the job of running the human machine and excess food is then stored as fat. Of course, with weight control as with most other health problems, prevention is easier than cure. Changing long-established eating habits is never easy and taxes even the strongest will. But if we can begin today to develop a pattern of good eating habits we will be on the way toward reaching the weight which makes for optimum health and maximum life expectancy.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 11, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	46	26	110	234
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	1	0
Gonorrhea	55	29	281	282
Infectious Hepatitis	4	1	26	12
Influenza	9	-	44	1
Measles	3	33	28	292
Mumps	46	35	237	173
Poliomyelitis	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	1	1	2
Salmonellosis	1	2	8	9
Scarlet Fever	9	3	43	23
Syphilis	14	11	93	94
Tuberculosis	8	12	62	57
Typhoid Fever	0	0	0	1
Whooping Cough	0	0	3	2
Poliomyelitis (Disease Year)**		-	12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Epilepsy	1
Gonorrhea	1
Pneumonia	9
Tuberculosis	1

	1960	1959
Deaths recorded for the week	205	177
Births recorded for the week	179	308

*Total expected cases according to preceding five years median.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 23, 1960

INFLUENZA

During the last four to five weeks there has been an increase in San Francisco in the incidence of influenza-like diseases. An extensive outbreak of influenza-like illness has occurred in the southern part of California and in certain areas around the country. On the basis of laboratory tests it appears that many of the cases reported in Los Angeles and vicinity are due to the Asian strain of influenza virus. Some of this Asian strain has been detected in San Francisco. However, the increase locally of respiratory diseases including influenza has not been remarkably above what the normal expectancy would be for this time of year. Certainly to date we have had no epidemic of "flu". Seventeen cases and one death (age 80) were reported during the month of January. This compares to 116 cases and three deaths in January, 1958, the last period of abnormal rise in incidence of influenza and respiratory diseases.

Influenza is a highly communicable disease caused by viruses which are spread from person to person by coughs and sneezes, personal contact and common use of drinking glasses, towels and other objects. The individual may suddenly have some or all of the symptoms of fever, headache, sore throat, cough, chills and body aches and soreness. The fever which may be high or only slight usually lasts about one to five days. The patient is likely to feel exhausted and may not regain his normal strength for some time.

There are four known main types of influenza - A, B, C and D - and there are different strains under each type. A new strain of Type A appeared in Asia in 1957 and has been generally identified as the Asian strain. We can say now that there is no epidemic of Asian strain influenza in San Francisco, but there is an indication of increased influenza-like diseases and clinically some of them resemble "Asian flu". The disease has been milder than its prototype of two years ago, however, and should run its course within the next several weeks. Following first reports of the Southern California epidemic this department immunized certain groups of City employees in order to provide the people of San Francisco with a reasonable level of services of certain of the key municipal departments. We do not recommend mass immunization of the population, but each individual may consult his private physician as to the advisability of immunization.

STATISTICAL REPORT FOR THE 7th WEEK ENDING FEBRUARY 19, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	27	44	137	271
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	1	0
Gonorrhea	59	35	340	317
Infectious Hepatitis	5	0	31	14
Influenza	6	-	50	1
Measles	8	33	36	350
Mumps	25	38	262	212
Poliomyelitis	0	1	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	1	3
Salmonellosis	1	1	9	10
Scarlet Fever	6	6	49	33
Syphilis	30	16	123	121
Tuberculosis	15	11	77	65
Typhoid Fever	0	0	0	1
Whooping Cough	1	1	4	3
Poliomyelitis (Disease Year)**		-	12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Epilepsy	1	Pneumonia	8
Gastro-Enteritis, Inf.	1	Syphilis	2
Encephalitis, Viral	2	Tuberculosis	1

	1960	1959
Deaths recorded for the week	240	257
Births recorded for the week	457	464

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 29, 1960

SERVICES FOR CHILDREN WITH HEART DISEASE

The occasion of Heart Sunday on February 28, is a reminder of the importance of heart disease as a health problem and the need for community programs and services to help control this major cause of disabling illness and death. Included in community services are those of the San Francisco Department of Public Health which are designed to find and treat children who have heart disease. Under the Bureau of Maternal and Child Health, diagnostic screening services are conducted through Child Health Conferences, the school health program, diagnostic centers and Crippled Children Services. Infants, pre-school and school age children with suspected heart conditions may be referred by private or health department physicians to the Cardiac Diagnostic Center at 101 Grove Street. Children who are referred receive a chest x-ray, electrocardiagraph, laboratory work and a physical examination by a cardiologist. Only diagnostic procedures are done at the Center; appropriate referrals are made for medical treatment. During 1959, 346 children were seen in this diagnostic center by the doctor of whom 188 were seen for the first time. Of these, 23 were definitely diagnosed as having organic heart disease, 99 were found to have non-organic heart murmurs and 33 had indefinite findings which required further investigation.

One of the doctors in the cardiac center supervises the medical aspects of the Cardiac Registry. This registry is a record of all San Francisco children with known congenital heart disease or rheumatic fever. The registry is very complete for the school-age child since all letters from private physicians and all records of Crippled Children Services are routed through the registry on the way to the public health nurse in the school. In addition, the school nurse makes an annual report indicating which children in the school have known heart disease.

Because of the high cost of diagnostic and treatment services many children with heart conditions are referred to Crippled Children Services by our Cardiac Diagnostic Center or by the family medical advisor. Any diagnosed or suspected case of rheumatic fever, congenital heart disease or operable heart condition is eligible for diagnostic services through Crippled Children Services. Treatment is also available once diagnosis is determined and financial eligibility is established. Treatment such as open heart surgery, rheumatic fever convalescent care and continued administration of penicillin to prevent recurrence of rheumatic fever can be so expensive that many families cannot afford to pay the rapidly mounting costs of this kind of care.

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 26, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	25	45	162	335
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	2	0
GONORRHEA	45	35	385	357
INFECTIOUS HEPATITIS	4	0	35	14
INFLUENZA	7	-	57	3
MEASLES	1	34	37	386
MUMPS	15	28	277	230
POLIOMYELITIS	0	0	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	1	[illegible]
SALMONELLOSIS	0	2	9	12
SCARLET FEVER	4	5	53	38
SYPHILIS	23	7	146	129
TUBERCULOSIS	10	13	87	70
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	0	1	4	3
POLIOMYELITIS (DISEASE YEAR)**	-		12	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	6
TUBERCULOSIS	3

	1960	1959
DEATHS RECORDED FOR THE WEEK	202	220
BIRTHS RECORDED FOR THE WEEK	327	358

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 7, 1960

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ACCIDENTAL DEATHS IN SAN FRANCISCO, 1959
(Provisional - by Occurrence only)

TYPE OF ACCIDENT

Total - 407

Falls	161
Traffic, motor vehicle	86
Burns	36
Poisoning	27
Suffocation by food	24
Drowning	18
Mechanical Suffocation	16
Traffic, non-motor vehicle	8
Firearms	1
Miscellaneous	30

PLACE

Home	171
Public	120
Street	86
Work	30

AGE GROUPS

Under 1	20
1 - 14	22
15 - 34	45
35 - 54	102
55 - 74	128
75 & Over	90

The above tables give a picture of the accident fatalities occurring during 1959 in San Francisco. We should remember that among the important causes of death, year after year, accidents are preceded only by diseases of the heart and blood vessels and by cancer. As usual, falls are the type of accident most frequently resulting in death, particularly among our older population. In connection with the age groups, accidents lead all other causes of death from age one through 44. For 1958, the last year for which we have final statistics corrected for residence, our figures show accidents caused 30% of the deaths in the 1 to 4 year age group, 51% in the 5 - 14 year olds, 61% in those 15 - 24 and 19% in the 25 - 44 age group. Accidents were the fifth cause of death for those San Franciscans 45 years of age and over.

It is significant that 171 out of the 407 deaths or 42% for 1959 were the result of accidents in and about the home. There were 171 such deaths in 1958 and 193 in 1957. We should note, too, that the above data does not reflect the enormous problem of non-fatal home accidents, 20% of which result in disability. Results of the California Health Survey conducted by the State Department of Public Health revealed 550 disabling home accidents for every fatal home accident!

STATISTICAL REPORT FOR THE 9th WEEK ENDING MARCH 4, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	27	53	189	388
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	0
GONORRHEA	41	34	426	392
INFECTIOUS HEPATITIS	5	1	40	15
INFLUENZA	0	-	57	9
MEASLES	8	25	45	470
MUMPS	42	35	319	264
POLIOMYELITIS	0	0	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	1	0	2	4
SALMONELLOSIS	3	2	12	15
SCARLET FEVER	6	8	59	46
SYPHILIS	17	15	163	147
TUBERCULOSIS	17	14	103	73
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	2	1	6	3
POLIOMYELITIS (DISEASE YEAR)		-	12	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

COCCIDIOIDOMYCOSIS	1	SARCOIDOSIS	1
PNEUMONIA	7	SYPHILIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	188	198
BIRTHS RECORDED FOR THE WEEK	369	398

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 14, 1960

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NEW MENTAL HEALTH SERVICES

Among the many activities carried on by the San Francisco Department of Public Health are those in the field of mental hygiene - activities which permeate all of our services and directly or indirectly affect the lives of many people in San Francisco. We are in a period of development of mental health programs under the Community Mental Health Services Act which provides a 50% subsidy of expenditures by local government for certain categories of services provided to voluntary patients. The pending appointment of a Program Chief, Mental Health Services, who will be experienced in both clinical psychiatry and in administration, will establish administrative responsibility for program development, under the supervision of the Director of Public Health. In January, this Department employed for the first time a Chief Clinical Psychologist, who is responsible for the general supervision of all clinical psychologists at San Francisco General Hospital, the Adult Guidance Center and in our child guidance services. The employment of the Program Chief and the Chief Clinical Psychologist will provide us with much needed professional and technical knowledge.

In the meantime, the Department has been improving existing mental health services. At the Psychiatric Division, San Francisco General Hospital, treatment was formerly limited to follow-up care for patients hospitalized on our treatment wards. With the establishment of out-patient services there and the recent augmentation of these services, the out-patient department is now in a position to accept an increasing case load for out-patient psychiatric treatment. Both individual and group psychotherapy is available. Referrals are accepted from psychiatric clinics, family service agencies, the Welfare Department, the San Francisco General Hospital or any section of the Health Department. The referring agency should review the case by telephone with the clinic psychiatric social worker before referring the patient. General eligibility is the same as for admission to the City's institutional services.

We expect that as our new personnel become oriented to our existing programs many internal changes will take place. This will lead to more extensive mental hygiene activities by this Department and better correlation with services provided by other agencies in the community, including those involved in social services and rehabilitation as well as those providing direct patient care.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 11, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	48	81	237	473
DIPHTHERIA	0	0	0	0
EPIDEMIIC MENINGITIS	0	0	2	1
GONORRHEA	46	32	472	445
INFECTIOUS HEPATITIS	1	1	41	18
INFLUENZA	2	-	59	10
MEASLES	8	65	53	535
MUMPS	37	53	356	317
POLIOMYELITIS	0	0	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	2	4
SALMONELLOSIS	2	2	14	16
SCARLET FEVER	21	7	80	55
SYPHILIS	13	9	176	162
TUBERCULOSIS	14	10	116	83
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	3	1	9	3
POLIOMYELITIS (DISEASE YEAR)**		-	12	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
POLIOMYELITIS	1
TUBERCULOSIS	2

	1960	1959
DEATHS RECORDED FOR THE WEEK	219	209
BIRTHS RECORDED FOR THE WEEK	416	394

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 21, 1960

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THE TEACHER'S ROLE IN THE SCHOOL HEALTH PROGRAM

In the classroom, the teacher acts as the seeing-eye of the school physician and the nurse. Like the parent, the teacher has an opportunity to learn the characteristic appearance of each well child and to detect changes in health, if, when and as they occur. She recognizes the individual deviations from the expected behavior and appearance of each child viewed against the background of a group of children of similar age. Unlike the parent, who may be too close to the child to notice slight changes, the teacher's expectations of the child are objective because her association with the child is on a working relationship basis. She may not be able nor should she be expected to determine what is wrong with a particular child, but she can be relied on to sensitively recognize deviations from the normal.

By conferring with the public health nurse in the school at regular intervals, the teacher sharpens her awareness of children's health problems and gains the satisfaction of knowing that she is helping to get something done for the children who need medical attention. The responsibility for doing the medical screening rests with the school physician, and he in turn looks to the teacher to find the children who need his help. What is done as a result of his recommendations depends fundamentally on the parent, but the job of convincing them of the need for action usually falls on the nurse or on both the teacher and the nurse working together.

This continuous appraisal of each pupil's health status is recorded by the physician and the nurse in each child's school health record. This record provides a simple and useful method of exchanging health information between persons concerned in the school health program, and a continuity of record which is important to the child, the teacher and the school in adjustment to class situations. It also provides an orderly method of accumulating factual data regarding the health of each child during his school years.

STATISTICAL REPORT FOR THE 11th WEEK ENDING MARCH 18, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	42	78	279	551
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	1
GONORRHEA	48	32	520	477
INFECTIOUS HEPATITIS	2	1	43	20
INFLUENZA	1	-	60	11
MEASLES	11	40	64	619
MUMPS	34	39	390	355
POLIOMYELITIS	0	0	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	1	0	3	4
SALMONELLOSIS	0	1	14	17
SCARLET FEVER	5	7	85	63
SYPHILIS	32	11	208	173
TUBERCULOSIS	9	9	125	91
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	1	0	10	3
POLIOMYELITIS (DISEASE YEAR)**	-		12	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGITIS, PNEUMOCOCCAL	1
PNEUMONIA	7
SEPTICEMIA, STAPHYLOCOCCAL	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	225	175
BIRTHS RECORDED FOR THE WEEK	308	373

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 28, 1960

HEALTH OF THE AGING

For the first half of this century public health concerned itself largely with the child and his health needs. Until recently, we have not had to give much thought to the process of aging. But today, San Francisco is a city of older people. In the last 50 years there has been a gradual increase in the proportion of residents in the older age groups. In 1910, 20.3% of our population was 45 years of age and over. In 1950, this figure had increased to 35.4%. The 65 and over age group increased from 3.8% in 1910 to 9.6% in 1950, and today undoubtedly exceeds 10%. On the basis of trends in San Francisco it has been estimated that by 1975 around 15% of our population will be 65 or over.

While we have the opportunity and the necessity to concern ourselves with health problems of the aging, we are in a similar position with respect to our knowledge of these problems, as we were 50 years ago in regard to the problems of child health. The problems that concern each are complex and varied.

Aging is a life-long process, and the older we become the more the reserve strength of the individual is decreased. In other words, older people are likely to use more hospital days per year than younger people. The aged do not die of communicable diseases, but they do die in increasing numbers of chronic diseases, or acute manifestations of diseases to which, because of their low reserve, they are more susceptible.

Though our people are now entering mid-life in a better state of health than did their parents, nevertheless we must be increasingly concerned with the detection of degenerative conditions early enough so they can be treated effectively. We must provide the needed facilities for early diagnosis, treatment and rehabilitation and to do what we can to assist elderly people in enjoying life. Because aging presents economic, social, educational and financial problems as well as health and medical problems, the aid of all community agencies and resources must be enlisted. It is a community as well as a public responsibility to make the years of later life happier and more productive for the individual and more useful to society.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 25, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	72	51	351	602
Diphtheria	0	0	0	0
Epidemic Meningitis	0	1	2	2
Gonorrhea	49	38	569	515
Infectious Hepatitis	2	1	45	21
Influenza	2	-	62	18
Measles	10	68	74	687
Mumps	38	46	428	376
Poliomyelitis	0	0	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	3	4
Salmonellosis	1	2	15	21
Scarlet Fever	7	6	92	69
Syphilis	17	5	225	198
Tuberculosis	7	9	132	105
Typhoid Fever	0	0	0	1
Whooping Cough	1	1	11	7
Poliomyelitis (Disease Year)**		-	12	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	3
Meningitis, Pneumococcal	1

	1960	1959
Deaths recorded for the week	209	184
Births recorded for the week	443	339

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 4, 1960

WORLD HEALTH DAY

The United States will join with other nations of the world in observing World Health Day on April 7 - a day for reviewing achievements over disease and for re-dedication to the cause of bringing good health to all people everywhere. This year the theme of World Health Day is the eradication of malaria, a disease which has been a scourge of mankind since ancient times. Twelve years ago, at the time of the founding of the World Health Organization, malaria struck 300 million people yearly and caused three million deaths a year. These figures have now been reduced by over 50% but even today malaria is probably the most debilitating disease afflicting mankind. One-fourth of the world's population live in malarious zones and a race against time is needed to clean up the dangerous areas of the world before the malaria-carrying mosquitoes develop resistance to insecticides such as DDT. As the blood parasite causing malaria is no longer active in man after three years, the disease can be controlled if the cycle of transmission, infected man-to-mosquito-to-man, can be broken.

The World Health Organization (WHO) is one of eleven specialized agencies of the United Nations. WHO functions as the world's directing and coordinating authority in international health work. It serves as a clearing house for medical and scientific information and conducts research in the field of health. It sets specifications for pharmaceutical preparations and administers the International Sanitary Regulations governing world-wide travel. It assists governments around the world to control disease, improve their health services and bring about the basic sanitation essential to good health. WHO has its own governing body, the World Health Assembly composed of representatives of the 88 member countries. It has its own budget contributed directly by its member states. WHO is founded on the concept that united action by all countries can bring about essential improvements in the health of the people of the world. The following principles are quoted from the WHO constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity....the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

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STATISTICAL REPORT FOR THE 13th WEEK ENDING APRIL 1, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	60	66	411	654
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	2
GONORRHEA	54	29	623	570
INFECTIOUS HEPATITIS	2	1	47	21
INFLUENZA	2	-	64	24
MEASLES	14	90	88	779
MUMPS	41	44	469	430
POLIOMYELITIS	1	0	1	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	1	0	4	4
SALMONELLOSIS	2	0	17	21
SCARLET FEVER	15	5	107	73
SYPHILIS	13	11	238	212
TUBERCULOSIS	8	15	137	120
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	0	0	11	7
POLIOMYELITIS (DISEASE YEAR)**	-		13	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

HEPATITIS	1
SYPHILIS	2
PNEUMONIA	1
TUBERCULOSIS	3

	1960	1959
DEATHS RECORDED FOR THE WEEK	222	240
BIRTHS RECORDED FOR THE WEEK	343	418

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL FIRST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 11, 1960

CIGARETTES AND LUNG CANCER

Lung cancer is described as an uncontrolled growth of cells in the lungs. Usually this disease develops in the bronchus (windpipe) but the cancerous growth may occur also in the branches of the windpipe, air sacs or supporting structures. Because of its rapid increase in recent years, lung cancer has become a major problem. It has increased at least six times in the last twenty years and is now the leading cause of cancer deaths in men. During 1960, probably 30,000 men and 5,000 women in the United States will die of lung cancer. Because of its location, cancer of the lung is difficult to detect in its early stages, spreads quickly and has a low cure rate of less than 5%. It is more prevalent in the city than in the country and strikes the older age groups, particularly those over 45.

Exactly what causes lung cancer is not known. The cause or causes of the alarming increase in lung cancer in the male is not fully known. However, the weight of scientific evidence seems to point increasingly to a relationship between the incidence of this disease and cigarette smoking, particularly if excessive or prolonged. Smoking is not thought to be the sole cause of lung cancer and it is possible that other factors operate in conjunction with smoking. The role of air pollution, exhaust from vehicles and other irritants has not been established. But the public health services of the United States, Britain, the Netherlands and now the World Health Organization have all recognized that cigarette smoking is a causative factor in lung cancer.

The nature of the evidence linking smoking and lung cancer is epidemiological and statistical, chemical and pathological. Three mass population studies and some twenty-five epidemiological studies done here and abroad show that cigarette smokers have substantially more lung cancer than non-smokers and more than cigar and pipe smokers. The risk of developing the disease increases in direct proportion to the number of cigarettes smoked. Chemical tests have shown that at least eight chemicals have been found in cigarette smoke which, when injected or applied to the skin, have produced cancer in animals. Autopsy studies have revealed pathological changes in lung tissue in proportion to the number of cigarettes smoked. All of the evidence together indicates that persons who smoke cigarettes increase their chances of developing lung cancer.

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 8, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	53	64	464	718
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	2	2
Gonorrhea	55	32	678	604
Infectious Hepatitis	3	1	50	21
Influenza	1	-	65	24
Measles	15	64	103	830
Mumps	21	34	490	463
Poliomyelitis	0	0	1	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	4	5
Salmonellosis	1	2	18	23
Scarlet Fever	8	5	115	77
Syphilis	5	11	243	246
Tuberculosis	18	9	154	129
Typhoid Fever	0	0	0	1
Whooping Cough	0	0	11	7
Poliomyelitis (Disease Year)**		-	0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Epilepsy	1
Pneumonia	1

	1960	1959
Deaths recorded for the week	183	190
Births recorded for the week	439	412

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 18, 1960

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PIGEONS AND DISEASE

Many Americans regard pigeons with benevolence. Feeding them in city parks is a popular pastime. These common pigeons like to live in the flat surfaces and openings of ornate buildings and their activities result in economic and nuisance problems. Pigeon droppings deface buildings, cars, shrubs and may land on unwary pedestrians. Their nests are collections of debris, feces and vermin. But in addition to these obvious problems which municipal governments throughout the country are trying to control, the public should be more fully aware of the serious hazards to public health from the pigeon as an agent of disease.

One pigeon-carried threat to man is a virus infection called ornithosis which is the same disease known as psittacosis or parrot fever when it affects parrots or parakeets. Last year the World Health Organization pointed out that, based on studies by Dr. Karl F. Meyer of the University of California Hooper Foundation, the virus infection can be transmitted to man by pigeons. In man, ornithosis is marked by pulmonary disorder and high fever and closely resembles virus pneumonia. Epidemics have been reported in many countries including the United States where the incidence of the disease in humans has been rising. The disease is spread through close contact with the birds or indirectly, as the virus has been found in samples of pigeon droppings.

It has been demonstrated conclusively that pigeons transmit other diseases to man: the encephalitis virus is conveyed from birds to man by mosquitoes. Pigeons are known carriers of this virus but their exact role in the epidemiology of encephalitis is not yet known. Histoplasmosis is a systemic fungus infection which man may acquire from cleaning up dusty pigeon manure. The birds themselves are not infected with the disease but their droppings provide a suitable medium for the development of the fungus spores which become air-borne and are inhaled or swallowed by man. One of the Salmonella organisms, occasionally found in pigeon droppings, is a frequent cause of salmonella food poisoning. Pigeons have been identified as a common source of a skin disease caused by microscopic mites.

Recognizing that the increasing flocks of pigeons represent a reservoir of infection, various cities have tried many different methods of control. Pigeon proofing, trapping and other methods have been used effectively when the public cooperates with officials to control these agents of disease.

STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 15, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	39	51	503	771
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	2
GONORRHEA	45	31	723	645
INFECTIOUS HEPATITIS	2	2	52	23
INFLUENZA	1	-	66	29
MEASLES	12	57	115	954
MUMPS	22	34	512	505
POLIOMYELITIS	0	0	1	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	1	0	5	5
SALMONELLOSIS	2	0	20	23
SCARLET FEVER	5	4	120	87
SYPHILIS	11	11	254	274
TUBERCULOSIS	7	13	161	143
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	0	1	11	7
POLIOMYELITIS (DISEASE YEAR)**	-		0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	1
PNEUMONIA	2

	1960	1959
DEATHS RECORDED FOR THE WEEK	167	203
BIRTHS RECORDED FOR THE WEEK	380	304

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 25, 1960

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BLINDNESS

Blindness and vision defects are problems affecting a substantial portion of the population. One indication of the magnitude of the problem is seen in the data from Health Statistics, National Health Survey, U.S. Public Health Service, 1959. Poor vision and blindness together rank fourth in the list of disabilities in this country, with an estimated 3,000,000 people blind or having visual impairment. The group with visual impairment includes those who are blind in one eye but have at least some sight in the other eye, or who have poor vision in one or both eyes. The figure of $90,000,000, the estimated amount of public funds used for aid to the blind, suggests the great financial cost of blindness - but not the human cost.

Here in California, there are approximately 24,000 persons who are completely blind with about one-half of them receiving Aid to the Needy Blind payments. In San Francisco at the end of 1959, 615 of our residents were receiving aid to blind payments. There are from 1100 to 1200 blind persons in San Francisco.

Cataracts are the leading cause of blindness, followed by glaucoma. Diabetes and vascular disease follow next as significant causes of blindness. Accidents and heredity still are important factors but infectious diseases such as syphilis and gonorrhea are decreasing in importance as a cause of blindness. The degenerative diseases mentioned above - cataracts, glaucoma, diabetes and vascular disease - are increasing in importance. As these conditions occur most frequently in the older age groups, we can expect that increased longevity will result in an increase in the number of blind persons.

Probably half of all blindness is preventable and therefore needless. Cataract, which causes the lens of the eye to become opaque, can be corrected by surgery if the condition is detected soon enough. Glaucoma, which results from increased pressure inside the eye, can be discovered through eye examination and early treatment can prevent loss of sight. However, about two percent of people over forty years of age have undetected glaucoma. Likewise, proper treatment of diabetes following early diagnosis can control the disease, preventing loss of sight. Blindness from accidents can be further reduced by accident prevention programs in schools and industry. The social and economic burden of needless and preventable blindness calls for intensified community efforts toward vision conservation through education and early detection followed by medical treatment.

STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 23, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	21	65	524	821
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	2	2
Gonorrhea	59	28	782	699
Infectious Hepatitis	1	0	53	23
Influenza	1	-	67	30
Measles	11	85	126	1031
Mumps	31	46	543	548
Poliomyelitis	0	1	1	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	5
Salmonellosis	0	2	20	23
Scarlet Fever	3	6	123	93
Syphilis	24	18	278	294
Tuberculosis	14	13	172	156
Typhoid Fever	0	0	0	1
Whooping Cough	0	0	11	7
Poliomyelitis (Disease Year)**	-		0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Gastroenteritis, Acute Viral	1
Meningitis, Non-meningococcal	1
Pneumonia	5
Syphilis	1

	1960	1959
Deaths recorded for the week	169	180
Births recorded for the week	368	447

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 2, 1960

THE ADULT GUIDANCE CENTER - NINTH YEAR

The Adult Guidance Center, one of the first voluntary out-patient clinics for the treatment of chronic excessive drinkers, has been a part of the Department of Public Health since its establishment at 150 Otis Street in April, 1951. During these nine years thousands of San Franciscans have been helped by treatment received at this clinic. Because of the pioneering aspects of the program, some policies and procedures of the Center have changed periodically. An up-to-date description follows:

Residents of San Francisco who are concerned about their excessive drinking and who are interested in following through on treatment for their alcohol problem, may apply to the Adult Guidance Center. The patient's motivation to do something about his or her problem on a long term basis is a prime factor in effectiveness of treatment and constitutes a major consideration in the Clinic's acceptance of a given case. The patient himself must telephone the center (KLondike 2-1173) for an appointment if he wishes treatment. A weekly, all-inclusive fee is charged all patients who are able to pay, although indigent patients are treated without charge. The fees range from 25¢ to $5.00 a week and are based on take-home pay. The Clinic is open every weekday plus Saturday morning and Monday, Wednesday and Thursday evenings. On these three evenings, prospective patients or others who wish to learn about alcoholism are welcome to attend orientation lectures which are given from 6:30 to 7:30 P.M. The six lectures in a series are repeated and a person may start attending at any time.

The Clinic's active caseload is approximately 550 with about the same number of patient-visits per week. The treatment staff consists of ten psychiatrists, three internists, nine psychiatric social workers, four psychologists, and six nurses. Each new patient receives a diagnostic evaluation consisting of a psycho-social history by a psychiatric social worker, a psychiatric evaluation and diagnosis by a staff psychiatrist, a medical evaluation of physical status, and, where indicated, psychological tests. The staff members who participate in this work-up then confer and determine the way in which the Clinic can be of the most help to the patient. Psychiatric treatment may consist of individual psychotherapy or group psychotherapy and there is medical management of tension symptoms which occur commonly in alcoholic patients. Each new patient is assigned to one physician who will follow him as long as he is with the Clinic.

STATISTICAL REPORT FOR THE 17th WEEK ENDING APRIL 29, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	31	51	555	872
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	2	2
Gonorrhea	46	34	828	741
Infectious Hepatitis	1	2	54	25
Influenza	3	-	70	32
Measles	19	102	145	1133
Mumps	37	41	580	589
Poliomyelitis	0	0	1	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	5
Salmonellosis	0	1	20	23
Scarlet Fever	5	5	128	99
Syphilis	12	13	290	312
Tuberculosis	17	13	189	175
Typhoid Fever	0	0	0	1
Whooping Cough	1	0	12	8
Poliomyelitis (Disease Year)**	-		0	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Coccidioidomycosis	1
Pneumonia	3
Tuberculosis	2

	1960	1959
Deaths recorded for the week	202	211
Births recorded for the week	293	398

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 9, 1960

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SAN FRANCISCO EMERGENCY HOSPITALS DISPOSITION OF CASES, 1959

Emergency Hospital	Total	Discharged to Home	Transferred to S.F. Gen. Hospital	Transferred to Other Hospitals	Deceased
Central	17,225	14,675	1,295	1,103	152
Harbor	9,995	8,357	715	792	131
Mission	51,151	35,011	14,000	1,967	173
Alemany	15,216	13,871	268	1,001	76
Park	13,753	12,196	485	893	179
Ocean Beach	892	883	2	7	-
TOTAL	108,232	84,993	16,765	5,763	711

In San Francisco, the provision of emergency medical and surgical care is a responsibility of the Department of Public Health. Our Emergency Hospital Service was begun around the year 1876 and has developed into one of the most complete and prominent emergency services in the United States. Each year over 100,000 cases are treated through 6 different hospitals. What happens to these patients who are admitted to an Emergency Hospital?

During 1959, a total of 108,232 persons were given emergency treatment and 65,401 of this number were surgical cases and 42,831 were medical cases. The disposition of these cases is shown in the above table. In interpreting the figures for Mission Emergency Hospital it should be remembered that this facility is now the Admitting Service at San Francisco General Hospital. Also, Ocean Beach is a supplemental hospital at Fleishacker Pool which is open eight hours daily during the summer but only on weekends and holidays the rest of the year. The other hospitals are open continuously.

NOTE: The annual quarantine of mussels for human consumption is now in effect until October 31 along the entire coast including San Francisco Bay. This quarantine is declared to protect Californians from the highly toxic poison present in the shellfish during the summer and early autumn.

STATISTICAL REPORT FOR THE 18th WEEK ENDING MAY 6, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	31	46	586	918
Diphtheria	0	0	0	0
Epidemic Meningitis	1	0	3	2
Gonorrhea	37	34	865	791
Infectious Hepatitis	2	1	56	29
Influenza	1	-	71	35
Measles	22	106	167	1206
Mumps	34	30	614	616
Poliomyelitis	0	0	1	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	8
Salmonellosis	1	1	21	24
Scarlet Fever	2	6	130	104
Syphilis	24	12	314	327
Tuberculosis	7	10	196	180
Typhoid Fever	0	0	0	1
Whooping Cough	1	2	13	8
Poliomyelitis (Disease Year)**	-		0	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	3
Tuberculosis	1

	1960	1959
Deaths recorded for the week	186	184
Births recorded for the week	360	335

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 16, 1960

DIABETES

Diabetes is a complex disease characterized by the body's inability to make proper use of sugars and starches (carbohydrates). This condition may occur at any age, but it is comparatively rare among children and young adults and relatively common in overweight middle aged persons, the rate of onset advancing with increasing age, especially after 40. While there are no exact figures as to the total number of people affected by this disease, medical authorities estimate that approximately one million people are under treatment for this condition and about an equal number have the disease without being aware of it. Since the discovery and widespread use of insulin, diabetes no longer carries the threat to life it once did. But insulin does not cure diabetes, it merely helps to control the condition, and people still die of the disease. Our Health Department records indicate that an average of one hundred residents of this city die of diabetes each year.

Diabetes is important not only because of its acute derangement of body chemistry, but also because it predisposes to the early development of arteriosclerosis and resulting complications. In severe, untreated cases, the disease is marked by noticeable increase in thirst, almost constant hunger and frequent urination. Other symptoms may be easy tiring, changes in vision, loss of strength and vigor and slow healing of cuts and wounds. Older persons in whom these symptoms occur may erroneously attribute them to advancing age and the disease thus may go on unrecognized and unchecked until the patient presents himself for treatment of some other temporary complaint.

Heredity plays a role in determining one's susceptibility to diabetes, and in addition, the actual occurrence of the disease is definitely correlated with obesity. This is borne out by the fact that approximately 86% of diabetics over 40 are overweight. Early discovery and treatment before the onset of typical symptoms will frequently prevent a mild case from progressing to a point where health is seriously impaired, and complications can be prevented and postponed. The best preventive for the average person is maintaining normal weight and having a health examination, including both blood sugar and urine sugar tests once a year; this is particularly important when a person has a blood relative who has or had diabetes. With the patient who has diabetes, intelligent cooperation with the physicians' recommendations as to diet and exercise can result in the diabetic living as long and as successfully with the disease as he might reasonably have expected to live without it.

STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 13, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	22	40	608	951
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	3	2
Gonorrhea	63	30	928	844
Infectious Hepatitis	4	0	60	29
Influenza	0	-	71	36
Measles	18	78	185	1259
Mumps	35	44	649	659
Poliomyelitis	0	0	1	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	2
Tuberculosis	1

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	8
Salmonellosis	1	1	22	24
Scarlet Fever	6	4	136	107
Syphilis	21	6	335	341
Tuberculosis	17	12	213	192
Typhoid Fever	0	0	0	1
Whooping Cough	0	1	13	8
Poliomyelitis (Disease Year)**	-		0	1

	1960	1959
Deaths recorded for the week	203	212
Births recorded for the week	383	402

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MAY 21 1960

MAY 23, 1960

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FLUORIDATION, 1960

Next to the common cold, tooth decay is the most common disease of mankind. So widespread is this condition that few children reach adulthood with a complete and healthy set of teeth. It is no wonder then, that leaders of health and dental professions through their official organisations have, without exception, stressed the need for nationwide acceptance of fluoridation as the most simple, inexpensive and effective procedure to end dental decay. In this they have been supported by all scientific groups whose technical opinion is worthy of respect.

One would expect in view of the years of research resulting in overwhelming evidence that fluoridation as a public health measure is safe, effective, inexpensive, widely acceptable and automatic in the control of tooth decay that it would be universally endorsed by all communities. Unfortunately, this has not been the case however. A variety of vehement and pseudo-scientific arguments, set forth by opponents of fluoridation, have been largely instrumental in delaying the general acceptance of this program. As a result, children in various communities are being deprived of this natural means of dental protection and throughout their lives will suffer more tooth decay and lose more permanent teeth than children who have the good fortune to live where the water contains the optimum amount of fluoride.

San Francisco was one of the first cities in the country to adopt this forward step toward controlling tooth decay. Our city's water, supplied to approximately one million residents of this and peninsula communities has been fluoridated in part since 1952 and in toto since 1955. During these years not one doctor or dentist has reported any indications that fluoridation has adversely affected the health of any person, regardless of age, whether sick or well. Nor have there been any reports of any administrative, technical or industrial problems of any consequence resulting from the use of fluorides in the water. We did a baseline study of tooth decay in the children of this city in 1953 and plan to review the situation again in 1963 thus covering a ten year period. In the meanwhile, many dentists have indicated to us that already they are commencing to see the beneficial effects of fluoridation in fewer decayed teeth in our children. And as time goes on, more and more of these fortunate youngsters will continue to reap these cumulative benefits which will be carried by them through their entire lives.

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 20, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	50	64	658	988
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	3	2
GONORRHEA	31	31	959	891
INFECTIOUS HEPATITIS	1	0	61	29
INFLUENZA	2	-	73	39
MEASLES	10	153	195	1348
MUMPS	26	39	675	698
POLIOMYELITIS	0	0	1	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	0	2	22	26
SCARLET FEVER	2	5	138	114
SYPHILIS	19	11	354	356
TUBERCULOSIS	13	12	226	200
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	4	0	17	8
POLIOMYELITIS (DISEASE YEAR)**	-		0	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
SYPHILIS	1
TUBERCULOSIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	208	182
BIRTHS RECORDED FOR THE WEEK	324	354

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 31, 1960

WATER SAFETY

Blessed as we Californians are with miles of beaches, scores of lakes, rivers and streams, a vacation to most of us generally includes some time spent near water. Vacation water fun usually includes equipment which can mean anything from an inner tube to an outboard motorboat. And when children are along, they too want to wade, splash, jump in and swim. It is an unfortunate fact, however, that far too many persons who engage in activities in and about water are incompetent swimmers, lack an understanding of the hazards involved and neglect to employ the proper safeguards against drowning. A sizeable number of drownings occur in every season of the year, but the toll is heaviest in the summer and largely the result of accidents occurring from swimming or boating.

This loss of life from drowning could be greatly reduced if people exercised reasonable caution in, on, or near water. Far too often there is disregard of the dangers inherent in swimming alone or too far, or when fatigued and in allowing children to play in water without proper supervision. A large number of drowning fatalities are recorded each year from diving in shallow water, or in strange waters where rocks or logs may be hidden, from children slipping unseen from inflated tubes and from non-swimmers or poor swimmers getting into water beyond their depth.

Recent years have also witnessed a rapid increase in the number of people who make use of outboard motorboats, rowboats and canoes. Fatalities resulting from such sports indicate that many lives are lost due to such practices as shifting position, overloading, speeding and sharp turning. An appreciable number of the victims are non-swimmers, clearly indicating that those who make use of small boats should learn to swim competently or, at least have adequate life saving equipment on board, or wear buoyant vests. While attention to boating safety has increased somewhat as the use of small watercraft has gained in popularity throughout the country, there is still a great need for boat owners and boat operators to be aware of the dangers involved and to employ proper measures to insure their own safety and that of their passengers for whose safety they are responsible.

JUN 4 1960
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STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 27, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	34	47	692	1016
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	3	5
GONORRHEA	50	41	1009	941
INFECTIOUS HEPATITIS	2	0	63	34
INFLUENZA	0	-	73	40
MEASLES	7	137	202	1417
MUMPS	27	44	702	742
POLIOMYELITIS	0	0	1	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	4	2	26	28
SCARLET FEVER	9	4	147	118
SYPHILIS	19	13	373	375
TUBERCULOSIS	13	10	239	209
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	1	1	18	8
POLIOMYELITIS (DISEASE YEAR)**	-		0	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGITIS, PNEUMOCOCCAL	1
PNEUMONIA	3

	1960	1959
DEATHS RECORDED FOR THE WEEK	192	218
BIRTHS RECORDED FOR THE WEEK	384	353

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 6, 1960

YOUR ATTENTION, PLEASE!

Through our "WEEKLY BULLETIN" we endeavor to keep our readers informed about health matters related particularly to San Francisco, special health activities, current health problems, programs, and services of the Health Department and local resources for the promotion and protection of health.

It has been our custom to send the "WEEKLY BULLETIN" to physicians, health workers, community leaders, school and other public administrators, librarians, hospitals, organization health chairmen in San Francisco and other interested persons who request it.

We find it necessary from time to time to check on the accuracy of names and addresses and whether or not our present readers wish to continue receiving the "WEEKLY BULLETIN". Your name and address as shown on the attached card is on our mailing list.

If you are interested in continuing to receive the "WEEKLY BULLETIN", please return the attached card to us at once. The name and address as shown on the card will be used unless a correction is indicated by you. Thank you.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING JUNE 3, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	38	57	730	1043
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	3	5
GONORRHEA	55	30	1064	1001
INFECTIOUS HEPATITIS	2	1	65	37
INFLUENZA	0	-	73	41
MEASLES	13	144	215	1471
MUMPS	23	30	725	772
POLIOMYELITIS	0	0	1	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	2	1	28	28
SCARLET FEVER	3	3	150	120
SYPHILIS	26	17	399	392
TUBERCULOSIS	12	14	251	215
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	1	0	19	8
POLIOMYELITIS (DISEASE YEAR)**	-		0	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 2

	1960	1959
DEATHS RECORDED FOR THE WEEK	203	200
BIRTHS RECORDED FOR THE WEEK	391	312

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 13, 1960

A VACATION HAZARD

As any vacationer who has had the painful experience will verify, tangling with poison oak can have very tormenting results. This particular plant is commonly found in the hilly areas of the Bay area counties, growing as a shrub to a height of two or three feet, or climbing vine-like on walls, poles, trees, or trailing along the ground. Once recognized, it can be readily identified by its pattern of three glossy uneven leaves, which have a tough leathery appearance. Their color is nearly solid green in spring, splotched with red and almost solid red from early summer on. Despite its name, the plant is unrelated to the oak, but rather to the poison ivy plant which is not found in California.

Poison oak's toxic effects are due to tiny droplets of an oily secretion which is particularly abundant in the spring and summer months. The main source of skin irritation is due to direct or indirect contact with this oil, even a drop of which can cause severe inflammation. But the droplets can also be readily carried in its smoke when the plant is burned. While some people are less susceptible than others to the plant's toxic effects, immunity is unreliable and unpredictable. Symptoms may appear a few hours after exposure to five days or even longer, depending on the degree of exposure and the amount of resistance. There is also a wide variation in the duration of the infection, but usually a person is well in two or three weeks.

Obviously the best means of prevention is to learn to recognize poison oak and to make every effort to avoid coming into contact with it or with objects which have been contaminated with its oily secretion. If it is necessary to go into a poison oak area, a person should wear washable clothing that will cover most of the body. Inasmuch as such clothing can convey the toxic oil, a change of garments, including shoes, following exposure is recommended. If one does come into contact with the plant either directly or indirectly, one of the surest and best methods of individual prophylaxis is the use of soap and water and the washing should be done as soon as possible. If an infection breaks out, it is best treated by a doctor. Self-medication may be dangerous.

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STATISTICAL REPORT FOR THE 23RD WEEK ENDING JUNE 10, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	61	34	791	1077
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	3	5
Gonorrhea	48	26	1112	1044
Infectious Hepatitis	1	2	66	40
Influenza	0	-	73	42
Measles	9	81	224	1541
Mumps	31	41	756	796
Poliomyelitis	0	0	1	3

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	8
Salmonellosis	4	1	32	30
Scarlet Fever	7	7	157	127
Syphilis	19	12	418	404
Tuberculosis	11	8	262	232
Typhoid Fever	0	0	0	1
Whooping Cough	3	1	22	9
Poliomyelitis (Disease Year)**	-		0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Encephalitis	1
Pneumonia	4
Septicemia	1
Tuberculosis	1

	1960	1959
Deaths recorded for the week	183	207
Births recorded for the week	366	503

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., Director

JUNE 20, 1960

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POLIO IS STILL WITH US

Polio is generally a mild infection of the intestinal tract by any of the three types of polio viruses. Most infected persons show no symptoms or develop only minor illness. But in sporadic instances the virus spreads to the central nervous system, and in the more severe cases may result in paralytic poliomyelitis - spinal, bulbar or both. The spinal type commonly destroys nerve fibers controlling the lower muscle groups in the body, while the bulbar involves higher centers associated with the cranial nerves. Paralysis of the circulatory and respiratory centers may develop in bulbar polio and almost all the deaths are due to this type.

Until recently polio was a widespread and constantly increasing danger and little could be done to control it. But medical progress culminating in the Salk vaccine changed the situation radically and reduced this disease to its lowest levels in many years. The problem is far from solved however. Though there were no deaths due to polio reported in San Francisco in 1959, there were thirteen cases of paralytic polio and seven of these cases occurred in adults. This would seem to indicate that a good sized segment of our community under the age of 40 - the segment most susceptible to poliomyelitis - is continuing to neglect to have itself vaccinated against this disease.

The evidence is now overwhelming that the full series of three or more vaccinations provides a high level of protection from paralytic polio. Our major task today then is to urge our residents who are under the age of 40 to avail themselves of the benefits of the vaccine. This applies also to parents who should see to it that babies are provided with polio shots as they reach the age of susceptibility to polio, perhaps in combination with prophylaxis against diphtheria, whooping cough and tetanus. The Health Department continues to offer polio vaccinations to those who normally come under our care, but we are in a position to provide only the first three injections of the vaccine. We believe that most families can afford to maintain immunity with the single booster dose of vaccine necessary every third or fourth year.

STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 17, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	54	46	845	1100
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	4	5
GONORRHEA	55	30	1167	1074
INFECTIOUS HEPATITIS	3	0	69	42
INFLUENZA	0	-	73	47
MEASLES	20	133	244	1588
MUMPS	25	38	781	821
POLIOMYELITIS	0	0	1	3

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	1	5	8
SALMONELLOSIS	0	1	32	31
SCARLET FEVER	5	3	162	128
SYPHILIS	17	11	435	416
TUBERCULOSIS	13	8	268	248
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	0	2	22	9
POLIOMYELITIS (DISEASE YEAR)**	-		0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

AMEBIASIS	1
PNEUMONIA	3
SYPHILIS	2

	1960	1959
DEATHS RECORDED FOR THE WEEK	200	172
BIRTHS RECORDED FOR THE WEEK	423	433

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 27, 1960

COOPERATION FOR SAFETY

For the past several years, various national organizations such as the National Safety Council, the National Fire Protective Association and the National Society for the Prevention of Blindness among others, aware of the grim seriousness of accidents resulting from the careless handling of fireworks, have advocated legislation which would outlaw the public sale of fireworks and limit their use to community licensed displays in safe areas. It is to such preventive and praiseworthy efforts that much of the credit is due for the downward trend in accidents to youngsters and children which in the past marred the celebration of our Fourth of July holiday. Virtually all studies prove that in young, inexperienced hands, even seemingly "harmless" fireworks can be instruments of tragedy and death. Accidents to the eyes as the result of a sudden flare or unexpected explosion can mean possible loss of vision; body burns can cause lifelong disfigurement; careless handling can ignite clothing resulting in injury and death. No momentary pleasure or excitement derived from the use of fireworks can ever make up for the heartaches and regrets inherent in such tragic accidents.

There are almost as many accidents in cities like San Francisco which have laws prohibiting the sale of fireworks as in those which have no such restrictive legislation. This anomalous situation arises from the fact that in nearly every case where a city like ours prohibits the sale of fireworks, they are "bootlegged" into the city or bought and sold just outside the city limits. Neither legislative provisions nor random enforcement alone therefore can solve this problem at the present time. As always, the ultimate responsibility for their children's safety must rest with the parents to whom the child looks for his security. By taking the children to a public fireworks demonstration rather than allowing them to participate in the sidewalk or backyard variety, parents not only safeguard their children, but at the same time set an example of proper cooperation with community authorities. Such action and example are as essential to the child's sense of security as it is to his safety.

STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 24, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	32	27	877	1127
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	34	40	1201	1122
INFECTIOUS HEPATITIS	3	0	72	43
INFLUENZA	0	-	73	48
MEASLES	22	62	266	1628
MUMPS	31	23	812	844
POLIOMYELITIS	0	1	1	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	1	1	33	31
SCARLET FEVER	1	3	163	129
SYPHILIS	22	14	457	440
TUBERCULOSIS	21	13	289	260
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	1	0	23	9
POLIOMYELITIS (DISEASE YEAR)**			0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	2

	1960	1959
DEATHS RECORDED FOR THE WEEK	179	173
BIRTHS RECORDED FOR THE WEEK	479	353

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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ELLIS D. SOX, M.D., DIRECTOR JULY 5, 1960

THE DISTRICT MEDICAL OFFICER

The San Francisco Health Department for many years has operated through nine district health centers more or less strategically placed throughout the city to provide public health services for the specific area in which they are located. Each of these health centers is staffed by a district medical officer, a supervising public health nurse and twelve to sixteen public health nurses, and is the operating headquarters for the personnel providing these services. The district medical officer is administratively in charge of the health center, and as such is responsible for all the medical aspects of the health center's activities including supervision of the Well Child Conferences, immunizations and the health program and medical services of the schools in the area he serves. It is his job to know the birth and death rates, the incidence of disease and general health problems of his area, to be aware of the community resources for dealing with these problems and to be adept at arranging for their solution. Through his staff he must seek out and find actual or potential foci of health problems and see that appropriate measures are taken to protect others.

The district medical officer likewise serves as the consultant to the staff nurses on individual cases and discusses with them the specific problems or diseases related to their charges or goes with the nurse on a home visit if such a need is indicated. He also makes referrals to private physicians, to health department diagnostic clinics or to other appropriate private or public clinics when necessary. He presides at staff meetings to discuss policy matters pertaining to the health center, acts as liaison to the private physician and to other branches of the health department. He participates in expectant parents' classes, meets with the faculties of public and parochial schools and talks to students on health subjects. When called upon, he answers requests to speak to PTA, neighborhood and school groups, serves on committees of various voluntary health and social agencies and otherwise participates in community activities for the promotion of physical, mental and social health.

As physician, administrator and consultant, his reward for a job well done lies in the satisfaction he gains from knowing that by guiding his segment of the total community to better health he is contributing toward improving the general health of the community as a whole.

STATISTICAL REPORT FOR THE 26th WEEK ENDING JULY 1, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	12	22	889	1148
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	4	5
Gonorrhea	30	35	1231	1157
Infectious Hepatitis	4	1	76	44
Influenza	0	-	73	51
Measles	8	50	274	1667
Mumps	4	17	816	860
Poliomyelitis	0	0	1	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	8
Salmonellosis	1	2	34	32
Scarlet Fever	0	1	163	130
Syphilis	14	6	471	448
Tuberculosis	11	10	299	268
Typhoid Fever	0	0	0	1
Whooping Cough	2	0	25	9
Poliomyelitis (Disease Year)**	-		0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	6

	1960	1959
Deaths Recorded for the Week	189	184
Births Recorded for the	456	303

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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ELLIS D. SOX, M.D., DIRECTOR JULY 11, 1960

WELCOME TO THE NAS

The week of July 18 to July 22 has been proclaimed by the President as National Sanitation Week and marks the 24th anniversary of the National Association of Sanitarians whose annual educational conference is being held this year in San Francisco. This organization has worked over the years for the recognition of the sanitarian (known locally as "health inspector") as a professional member of the public health team. It has also been in the forefront of initiating legislation requiring all sanitarians to be registered by a state board of examiners.

The enjoyment of good personal health is inextricably bound up with the maintenance of a wholesome, clean and safe environment. For this reason, environmental sanitation has always been an integral part of public health programs. But the speed of environmental changes brought about by modern economic and technological advances create new and increasingly significant problems almost as rapidly as the old ones are solved. Today's public health sanitarian is faced with complex situations resulting from air pollution, occupational health hazards, slum clearance, urban renewal, ionizing radiation, environmental factors contributing to chronic disease, abnormal noise, and so on, all of which can exert a deleterious or unpleasant effect upon our daily lives.

The annual educational conference currently being held here this year provides a clearing house for information regarding these new problems and a forum for the consideration of special needs of its members. It provides the sanitarian with an opportunity to keep abreast of these problems and to review the resources and new techniques which may be employed in their solution. Three full days of general sessions have been planned devoted to topics of particular interest to sanitarians and covering a varied field of subjects ranging from communication to radioactivity and from air pollution to hospital sanitation. Entertainment and tours to special points of local significance have been planned. For those attending, the program promises to be interesting, challenging, and informative, and one which will add to the body of knowledge to be applied to the needs of the people of the United States.

STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 8, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	14	28	903	1179
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	4	6
Gonorrhea	59	33	1290	1197
Infectious Hepatitis	0	1	76	49
Influenza	0	-	73	53
Measles	4	33	278	1696
Mumps	13	14	829	880
Poliomyelitis	0	0	1	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	8
Salmonellosis	3	1	37	33
Scarlet Fever	1	1	164	131
Syphilis	32	12	503	472
Tuberculosis	13	12	312	275
Typhoid Fever	0	0	0	2
Whooping Cough	5	1	30	9
Poliomyelitis (Disease Year)**			0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	3
Tuberculosis	3

	1960	1959
Deaths recorded for the week	167	186
Births recorded for the week	318	366

** NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 18, 1960

DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA & UNITED STATES, 1959

CAUSE OF DEATH	RATE PER 100,000 ESTIMATED POPULATION*			PERCENT OF TOTAL DEATHS		
	S.F.	CAL.	U.S.	S.F.	CAL.	U.S.
TOTAL, ALL CAUSES	1208.9	840.6	942.4	100.0	100.0	100.0
Heart Diseases	471.4	313.2	364.0	39.0	37.3	38.6
Malignant Neoplasms	209.7	139.7	148.0	17.3	16.6	15.7
Vascular Lesions, C.N.S.	120.0	92.8	108.3	9.9	11.0	11.5
Accidents	59.6	49.9	50.4	4.9	5.9	5.4
Cirrhosis of Liver	52.0	17.1	11.0	4.3	2.0	1.2
Influenza & Pneumonia	37.4	27.8	32.5	3.1	3.3	3.5
Diseases of Early Infancy	27.6	34.1	38.5	2.3	4.1	4.1
Arteriosclerosis	25.7	19.1	19.7	2.1	2.3	2.1
Suicides	24.5	15.2	10.1	2.0	1.8	1.1
Diabetes	12.3	8.8	16.0	1.0	1.0	1.7
Ulcers Stomach & Duodenum	12.1	6.8	5.9	1.0	0.8	0.6
Tuberculosis	9.1	5.4	6.7	0.8	0.6	0.7

* Based on California State Department of Finance - 1959 estimate of 790,700

During 1959 there were 9,559 San Francisco resident deaths, a 2% increase in number over 1958. The average age of death for males was 63 years and for females 67 years. As in former years, San Francisco, California and the country as a whole had the same four leading causes of death, though in each case the San Francisco rate was considerably higher than the other two. Heart disease, the leading cause of death, accounted for 39% of the deaths at all ages. Arteriosclerotic heart disease (including coronary arteriosclerosis) was the single most important cause of death, accounting for nearly 31%. About 17% of the deaths were caused by malignant neoplasms. Accidents decreased slightly from 5.2% in 1958 to 4.9% in 1959 and cirrhosis of the liver, in 5th place through the five year period 1955-1959 increased percentage-wise from 3.9 to 4.3%. Our relatively high rates for certain causes is another index of our high percentage of older people, who constitute the "population at risk" from these diseases.

STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 15, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	22	19	925	1231
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	4	6
Gonorrhea	31	29	1321	1231
Infectious Hepatitis	0	1	76	50
Influenza	0	-	73	53
Measles	13	60	291	1722
Mumps	15	14	844	893
Poliomyelitis	0	0	1	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	8
Salmonellosis	2	2	39	39
Scarlet Fever	5	3	169	132
Syphilis	25	7	528	488
Tuberculosis	10	7	322	288
Typhoid Fever	0	0	0	2
Whooping Cough	4	2	34	9
Poliomyelitis (Disease Year)**		-	0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	2
Tuberculosis	1

	1960	1959
Deaths recorded for the week	147	197
Births recorded for the week	492	413

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 25, 1960

IN APPRECIATION

July marks the beginning of another fiscal year for the San Francisco Department of Public Health. On behalf of the people of San Francisco, we wish to take this opportunity to express our deep appreciation to the many citizens who, through their assistance and participation, contribute to the effectiveness of the public health services of this Department. Our activities are an example of the joint cooperation between government and the people who institute that government. Accomplishments in the field of public health are the result of a close working relationship of the medical profession, non-official agencies and hundreds of volunteer workers associated together in cooperation with the health department and other agencies of government.

At San Francisco General Hospital several hundred private physicians, as members of the visiting staff have contributed immeasurably to the good medical care provided the patients. The work at both San Francisco General Hospital and Laguna Honda Home has been augmented further during the past fiscal year by the many hours of service donated by volunteers. Were it not for the help of these volunteers, the freely-given services of the visiting medical staff and the cooperation of the University of California Medical School, the cost to the taxpayer of providing medical care at the institutions operated by this Department would be increased considerably.

In addition, a unique contribution has been made by the many volunteers who have assisted in our maternal and child health programs. These ladies have donated thousands of hours working with our public health nurses in the various district health centers and in the schools, carrying out such tasks as weighing and measuring babies at child health conferences, assisting the school nurse in making supplies and performing clerical work. Thus the volunteers have relieved the public health nurse of these duties, permitting her to perform the professional work for which she is trained.

We extend our sincere thanks to these service-minded citizens and to the many other individuals, agencies and organized groups in our community who have worked with us toward our common goal of improving the public health. And finally, a special note of appreciation goes to radio, television and the press whose editorial policies and accurate reporting have contributed to public awareness of both problems and progress in public health.

STATISTICAL REPORT FOR 29th WEEK ENDING JULY 22, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	8	14	933	1245	Rheumatic Fever	0	0	5	8
Diphtheria	0	0	0	0	Salmonellosis	4	1	43	43
Epidemic Meningitis	0	0	4	6	Scarlet Fever	2	2	171	136
Gonorrhea	43	43	1364	1275	Syphilis	11	10	539	509
Infectious Hepatitis	8	1	84	51	Tuberculosis	11	9	333	297
Influenza	0	-	73	53	Typhoid Fever	0	0	0	2
Measles	2	17	293	1739	Whooping Cough	5	0	39	9
Mumps	2	14	846	903					
Poliomyelitis	0	1	1	4	Poliomyelitis (Disease Year)**	-		0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1960	1959
Pneumonia	2	Deaths recorded for the week	182	162
Tuberculosis	4	Births recorded for the week	395	440

* Normal expectancy based on a five-year median. ** "Disease Year" begins on April 1st.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 1, 1960

LOOKING AHEAD

The beginning of a new fiscal year and a new Health Department budget is an appropriate time to discuss some of our hopes and plans for the coming year. We do not yet know the exact population of San Francisco, but it is obvious now that there has been considerable loss. We anticipate that the final census figures will reveal that the greatest part of this loss has been among the middle-class white population. This emphasizes the necessity of increased control measures against communicable diseases among our relatively young non-white population, and for consideration of new programs directed against chronic diseases in our aging population, which is predominantly white.

In communicable disease control, a growing problem which concerns us is the consistent rise in the incidence of venereal disease. The increase in reporting to this Department by private physicians has contributed to the data that reflects this increase. It is recognized that although proper medical treatment of each case is necessary, the prompt seeking out of sources and contacts of infection is equally important if we are to reduce this rising incidence. The incidence of poliomyelitis is low with only two cases reported since January 1 compared with four reported during the same period last year. However, this drop in incidence for the first seven months should not produce any sense of security as there are still too many persons under the age of 40 who have not been immunized.

During the coming months we can expect progressive developments in the field of mental health, a program which is now under the general supervision of the Program Chief, Mental Health Services. His scope of activities covers all elements of our mental health program, both within the institutions and in other divisions of the Department. There is an immediate and obvious need for additional psychiatric beds and expansion of psychiatric services in San Francisco General Hospital and in other of our facilities. Other plans call for a reorganization of our City Physicians' service which is being transferred administratively to the San Francisco General Hospital where it will become a part of the medical care program of that institution. Looking ahead we see a need for the development of interest and programs for rehabilitation of the chronically ill, for a broader coverage of medical care to our aging population and for a better solution to the problems of our chronic alcoholics.

STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 29, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	6	13	939	1254
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	5	6
GONORRHEA	40	41	1404	1333
INFECTIOUS HEPATITIS	5	0	89	53
INFLUENZA	1	-	74	53
MEASLES	4	26	297	1761
MUMPS	7	13	853	920
POLIOMYELITIS	1	2	2	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	3	1	46	44
SCARLET FEVER	1	2	172	136
SYPHILIS	25	12	564	527
TUBERCULOSIS	13	8	346	302
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	0	0	39	9
POLIOMYELITIS (DISEASE YEAR)**	-		1	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGITIS	1	RHEUMATIC FEVER	1
PNEUMONIA	3	TUBERCULOSIS	2
SYPHILIS	1		

	1960	1959
DEATHS RECORDED FOR THE WEEK	185	190
BIRTHS RECORDED FOR THE WEEK	405	374

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 8, 1960

A NEW HOME CARE PROGRAM

For almost four years, a demonstration project was operated by Home Medical Care of San Francisco, Inc. which provided comprehensive care at home for patients who otherwise would have had to be hospitalized. Patients not needing hospitalization for acute illness received the full range of medical care and social services for approximately $6.30 per day. The program also demonstrated that such an integrated home care program allows for early discharge from the hospital for some patients, provides rehabilitation services for patients who otherwise might have to stay in chronic hospitals and enables some patients who are homebound to learn to care more fully for themselves.

At the termination of this project last December, a special committee of the Health Council of the United Community Fund sought financial support and professional administration for a long-range home medical care program in San Francisco. As a result the Visiting Nurse Association and Society for Crippled Children and Adults recently have announced that they are jointly establishing a program, approved by the Health Council. The administration of this new home care program, which is scheduled to begin October 1, will be provided by the two cooperating agencies and by a full-time medical director employed by the agencies. The comprehensive service provided to selected patients in their homes will include nursing care, part-time homemaker services, physical, occupational and speech therapy, social work and vocational counseling as well as medical care provided by private physicians and by the City Physicians of the Health Department. A single, uniform fee schedule is being worked out for these various types of services.

The development of this program is an example of what can be accomplished when community agencies work cooperatively for the betterment of the people of San Francisco. The Visiting Nurse Association, Society for Crippled Children and Adults and the United Community Fund's Health Council are all to be congratulated for planning and initiating this promising program for patient care. The City ultimately will utilize some of these services for its patients to the extent that funds are available and we are unable to meet the needs of our patients through our current programs. We shall continue to use the Visiting Nurse Association for bedside nursing service and we have recently negotiated contracts with the San Francisco Homemaker service to provide housekeeping for selected patients, primarily those discharged from our institutions.

STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 5, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	7	7	946	1258
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	5	6
Gonorrhea	43	42	1447	1383
Infectious Hepatitis	5	0	94	58
Influenza	0	-	74	53
Measles	3	18	300	1777
Mumps	7	13	860	933
Poliomyelitis	0	1	2	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	8
Salmonellosis	2	3	48	47
Scarlet Fever	2	2	174	137
Syphilis	22	10	586	546
Tuberculosis	8	6	349	307
Typhoid Fever	0	0	0	2
Whooping Cough	4	2	43	9
Poliomyelitis (Disease Year)**	-		1	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Epilepsy	1		
Pneumonia	4	Syphilis	1
Septicemia	1	Tuberculosis	1

	1960	1959
Deaths recorded for the week	180	146
Births recorded for the week	375	494

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 15, 1960

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IMPORTANT CAUSES OF DEATH BY SEX
SAN FRANCISCO, 1959

	MALE			FEMALE		
	NUMBER	RATE*	PERCENT	NUMBER	RATE*	PERCENT
TOTAL, ALL CAUSES	5490	1388.8	100.0	4069	1029.1	100.0
HEART DISEASES	2213	559.8	40.3	1514	382.9	37.2
MALIGNANT NEOPLASMS	910	230.2	16.6	748	189.2	18.4
VASCULAR LESIONS OF C.N.S.	417	105.5	7.6	532	134.5	13.1
ACCIDENTS	304	76.9	5.5	167	42.2	4.1
CIRRHOSIS OF LIVER	261	66.0	4.8	150	37.9	3.7
INFLUENZA AND PNEUMONIA	181	45.8	3.3	115	29.1	2.8
SUICIDES	127	32.1	2.3	67	16.9	1.6
DISEASES OF EARLY INFANCY	122	30.9	2.2	96	24.3	2.4
ARTERIOSCLEROSIS	99	25.0	1.8	104	26.3	2.6
ULCERS OF STOMACH & DUODENUM	71	18.0	1.3	25	6.3	0.6
TUBERCULOSIS	53	13.4	1.0	19	4.8	0.5
CONGENITAL MALFORMATIONS	51	12.9	0.9	37	9.4	0.9
DIABETES	43	10.9	0.8	54	13.7	1.3
ALL OTHER CAUSES	638	161.4	11.6	441	111.5	10.8

* RATES PER 100,000 ESTIMATED JULY 1959 POPULATION OF 790,700.

Notwithstanding a marked reduction in mortality for both sexes, females for many years have experienced a lower mortality rate than males, and the passage of time seems to increase their advantage. During 1959 for example, as is indicated in the above table the male death rates for most causes continued to be higher than those for females, with the exception of vascular lesions of the nervous system, general arteriosclerosis and diabetes. The overall death rate was 13.9 per 1,000 population for males and 10.3 for females, compared to 13.8 and 9.9 respectively in 1958. Particularly striking are the marked differences in heart disease, 5.6 for males against 3.8 for females; for accidents 0.8 and 0.4; cirrhosis 0.7 and 0.4 and suicides 0.3 for males and 0.2 for females.

STATISTICAL REPORT FOR THE 32nd WEEK ENDING AUGUST 12, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	2	8	948	1269
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	6
GONORRHEA	52	39	1499	1432
INFECTIOUS HEPATITIS	1	0	95	63
INFLUENZA	0	-	74	53
MEASLES	2	12	302	1783
MUMPS	2	10	862	936
POLIOMYELITIS	0	1	2	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	3	1	51	49
SCARLET FEVER	1	2	175	137
SYPHILIS	17	10	603	560
TUBERCULOSIS	10	12	359	314
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	1	1	44	10
POLIOMYELITIS (DISEASE YEAR)**	-		1	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

HEPATITIS 1

	1960	1959
DEATHS REPORTED FOR THE WEEK	209	181
BIRTHS REPORTED FOR THE WEEK	456	352

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 22, 1960

PROGRESS AT SAN FRANCISCO GENERAL HOSPITAL

Approximately six years ago, the people of San Francisco voted favorably on a bond issue to finance the remodeling and modernization of San Francisco General Hospital. Additional funds have since been appropriated by the Board of Supervisors. Any large project of this kind requires many months devoted to developing plans and securing bids. This is further complicated by the necessity of operating, even during major phases of the construction program, an institution which must provide around-the-clock care of from 900 to 1,000 patients.

Currently we are in the midst of remodeling Building 10, which is the northernmost wing of the main building, as well as the connecting corridors between Buildings 10 and 20. This construction will be completed about October 1. At this time Central Supply will be operated out of the first floor of Building 10 and the top four floors will be available for patient care. Two wards in Building 60, which is the central building in the Tuberculosis Division were closed the latter part of June in preparation for the beginning of remodeling of that entire wing beginning about October 1. The Mission Health Center, which has been operating in the first floor of that wing, will be moved to Ward 71, which is on the first floor of the east wing of the tuberculosis area. The entire lower floor of the former Isolation Hospital will be opened in October or November. It will house our clinical laboratory services, which will be under the general supervision of the University of California School of Medicine, with whom we have a contract providing for reimbursement for the operation of this service. The top two floors of the Isolation Hospital will be ultimately made available for long-term laboratory research projects. The Morgue Building will be completely remodeled for our Pathology services.

In addition to these physical changes, with the transfer of the Stanford University School of Medicine to Palo Alto, an important operational change has occurred. Effective July 1, we began operation of the Hospital with medical teaching and supervision from only the U.C. Medical School. Many of the visiting physicians who served on the Stanford service have become a part of the California Service and will continue to serve the people of San Francisco as they have in the past. We express our sincere appreciation to them, and to others of the Stanford faculty who will no longer be a part of our institution.

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STATISTICAL REPORT FOR THE 33rd WEEK ENDING AUGUST 19, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	6	4	954	1269
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	5	6
Gonorrhea	57	31	1555	1484
Infectious Hepatitis	3	1	98	64
Influenza	0	-	74	53
Measles	3	14	305	1794
Mumps	12	9	874	945
Poliomyelitis	0	1	2	5

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	5	8
Salmonellosis	2	2	53	50
Scarlet Fever	1	1	176	140
Syphilis	23	7	626	576
Tuberculosis	6	12	365	322
Typhoid Fever	0	0	0	2
Whooping Cough	0	2	44	11
Poliomyelitis (Disease Year)**	-		1	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Meningitis	1
Pneumonia	1

	1960	1959
Deaths recorded for the week	194	183
Births recorded for the week	409	387

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.
** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 29, 1960

PSYCHIATRIC OUTPATIENT SERVICES

The San Francisco Health Department's new Community Mental Health Services operates three outpatient psychiatric clinics, as well as the psychiatric unit at San Francisco General Hospital now called the Inpatient Psychiatric Service. Two of the outpatient clinics are for adults while the third provides child guidance services. This is the San Francisco Child Guidance Clinic located at the main health department building at 101 Grove Street. Prior to the establishment of the Community Mental Health Services, this clinic was known as the Division of Mental Hygiene of the Bureau of Maternal and Child Health. The clinic has grown over many years from a small service to the schools and the mentally retarded to an active psychiatric clinic for emotionally maladjusted children and their parents. Also, a significant amount of consultation time is devoted to staffs of the district health centers.

The Psychiatric Clinic at San Francisco General Hospital is rather new but now has several part-time psychiatrists, two social workers and some psychologists' time available. The case load has grown to about 500 treatment sessions per month. In addition to follow-up cases from the Inpatient Psychiatric Service, patients consist of some long-term psychotherapy cases and a larger load of brief psychotherapy patients to make treatment available sooner to more patients. Group psychotherapy is taking an increasing role as a treatment technique in the clinic.

The Adult Guidance Center, located at 150 Otis Street is a psychiatric rehabilitation clinic for San Francisco residents with an alcoholic problem. Intake procedures are cut to the bone so that patients can be seen with little or no delay. Hundreds of people are seen every month and each may receive several different services. These include medical evaluation of physical status, medications, social case-work counselling, psychiatric evaluation and both individual and group psychotherapy.

In recent surveys, physicians have placed alcoholism and mental and emotional disturbances at the top of the list of unmet needs in San Francisco. Further study indicates that additional treatment services for adults and children must be provided. Consultation to professional persons and agencies involved in mental health work should spread the base of effectiveness. The above mentioned clinics must increase staff and services. New community programs and services must be provided. A budgetary request will be made this fall aimed at providing a more effective mental health program for San Francisco.

STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 26, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	4	5	958	1272
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	6
GONORRHEA	48	35	1603	1519
INFECTIOUS HEPATITIS	3	1	101	65
INFLUENZA	0	-	74	53
MEASLES	5	7	310	1798
MUMPS	7	6	881	952
POLIOMYELITIS	0	0	2	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	4	3	57	53
SCARLET FEVER	2	0	178	143
SYPHILIS	19	13	645	591
TUBERCULOSIS	12	14	377	328
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	4	1	48	11
POLIOMYELITIS (DISEASE YEAR)**	-		1	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
SEPTICEMIA	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	165	173
BIRTHS RECORDED FOR THE WEEK	426	408

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 6, 1960

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1959 RESIDENT ACCIDENTAL DEATHS IN SAN FRANCISCO BY AGE GROUP AND TYPE OF ACCIDENT

TYPE OF ACCIDENT	TOTAL	AGE GROUP: UNDER 5 NO.	UNDER 5 %	5 - 14 NO.	5 - 14 %	15 - 24 NO.	15 - 24 %	25 - 44 NO.	25 - 44 %	45 - 64 NO.	45 - 64 %	65 & OVER NO.	65 & OVER %
TOTAL	471	32	100	15	100	30	100	81	100	143	100	170	100
FALLS	159	1	3	2	13	2	7	12	15	42	29	100	59
TRANSPORTATION	153	8	25	7	47	18	60	42	52	41	29	37	22
SUFFOCATION BY FOOD OR IN BED	36	19	59	-	-	1	3	-	-	10	7	6	3
FIRE & EXPLOSION	32	-	-	1	7	2	7	3	4	14	10	12	7
POISONING	28	-	-	1	7	1	3	5	6	17	12	4	2
DROWNING	24	-	-	2	13	2	7	11	13	6	4	3	2
ALL OTHER	39	4	13	2	13	4	13	8	10	13	9	8	5

In 1959, accidents were the leading cause of death among our children and youth from age one through 24. In the 25 - 44 year age group they were the second cause of death with 15% of total deaths following heart disease with 17%. Accidents were the fifth cause of death in those 45 - 64 years and the sixth cause among those 65 and over. The above table shows that of the total 471 accidental deaths to San Francisco residents, 159 or 34% were due to falls and 153 or 33% were caused by transportation accidents. When the above types of accidents are analyzed as to place of occurrence, 174 or 37% are found to have occurred in the home. Motor vehicle accidents account for 136 or 29% of all accidental deaths.

STATISTICAL REPORT FOR THE 35th WEEK ENDING SEPTEMBER 2, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	5	4	963	1275
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	6
GONORRHEA	51	37	1654	1570
INFECTIOUS HEPATITIS	2	1	103	69
INFLUENZA	1	-	75	53
MEASLES	1	5	311	1803
MUMPS	2	6	883	958
POLIOMYELITIS	0	1	2	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	1	1	58	56
SCARLET FEVER	0	1	178	145
SYPHILIS	18	12	663	603
TUBERCULOSIS	7	6	384	334
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	2	1	50	11
POLIOMYELITIS (DISEASE YEAR)**	-		1	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS (SPINE)	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	187	173
BIRTHS RECORDED FOR THE WEEK	368	315

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

ELLIS D. SOX, M.D., DIRECTOR

SEPTEMBER 12, 1960

POLIOMYELITIS

San Francisco's incidence of poliomyelitis has been gratifyingly low thus far in 1960. A few days ago, however, a young San Francisco man was diagnosed as having bulbospinal polio, a paralytic form of the disease, became critically ill and died on September 12. He had not been vaccinated against polio. No paralytic cases have occurred among those who have been immunized with the Salk vaccine. But this should not provide any reassurance for those who have not been vaccinated, particularly those under the age of 15 where 75 percent of the 1960 reported cases in California have occurred. There have been at least seven California deaths attributed to polio since January 1, 1960. None had received the recommended dosage of Salk vaccine. The final figures for 1959 show 13 polio cases reported in San Francisco, 12 of which were paralytic polio, but no deaths were reported. Ten of the 13 cases had not received polio vaccine and one case had only one injection.

It should be remembered that in San Francisco the incidence of polio usually increases with the advent of the autumn warm weather, with a peak in late fall or early winter. While it takes about eight months to get full protection from a three-injection course of immunization, medical studies show some immunity begins after the first injection. Following the second injection about a month later, a high degree of immunity is present. The third or booster injection is given seven months or more later and "boosts" the individual's resistance to paralytic polio appreciably.

For some time research has been going on to develop a vaccine against polio which can be taken by mouth. Just recently the Federal Government gave approval of the Sabin oral live virus vaccine, but it cannot be expected that this new vaccine will replace the time-tested Salk vaccine in the immediate future. Furthermore, it is unlikely that the Sabin vaccine will be available for use locally before next summer. In the meantime, everyone under 40 and particularly children and pregnant women should get protected with the Salk vaccine. Unvaccinated adults and parents of unvaccinated children are urged to consult with their family doctor now!

STATISTICAL REPORT FOR THE 36th WEEK ENDING SEPTEMBER 8, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	0	3	963	1278
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	6
GONORRHEA	59	34	1713	1620
INFECTIOUS HEPATITIS	0	1	103	73
INFLUENZA	0	-	75	53
MEASLES	1	7	312	1811
MUMPS	4	7	887	972
POLIOMYELITIS	1	0	3	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	5	8
SALMONELLOSIS	1	2	59	58
SCARLET FEVER	0	1	178	145
SYPHILIS	26	8	689	611
TUBERCULOSIS	11	9	395	341
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	1	2	51	13
POLIOMYELITIS (DISEASE YEAR)**	-		2	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TETANUS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	115	155
BIRTHS RECORDED FOR THE WEEK	196	230

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY & COUNTY OF SAN FRANCISCO
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

SEPTEMBER 19, 1960

VENEREAL DISEASE IN SAN FRANCISCO

In the 1940's, during and after World War II, there was a wide public awareness of the venereal disease problem. With the advent of antibiotics a relatively simple means of treatment was available for the first time. Public funds were provided for extensive case-finding programs. As a result of the intensified activity, case-finding and treatment programs in the control of venereal disease produced gratifying results. The reservoir of infection was reduced and by the mid-1950's, relatively so few new cases of syphilis were being found that routine serologic tests for syphilis were being discontinued as a part of pre-employment examinations, hospital admissions, etc. Despite the fact that no communicable disease was ever controlled on the basis of treatment alone, the use of penicillin was given credit for the decrease of syphilis and other venereal disease cases. Control activities were cut back, not only in San Francisco but as a nationwide pattern, and many people were lulled into what now appears to have been a false sense of security with regard to the venereal disease problem.

It should not be surprising that this lessening of efforts in venereal disease control is now resulting in an increase in reported cases. This is the situation in most health jurisdictions in the United States and is certainly the case in San Francisco as the following table demonstrates.

REPORTED CIVILIAN CASES OF SYPHILIS AND GONORRHEA

SAN FRANCISCO, 1955 - 1959

	1955	1956	1957	1958	1959
GONORRHEA, ALL CASES	1797	1889	2255	2428	2935
SYPHILIS, ALL CASES	350	472	570	683	885
EARLY INFECTIOUS (PRIMARY & SECONDARY)	67	115	110	233	331
ALL OTHERS	283	357	460	450	554

In San Francisco early infectious syphilis, primary and secondary, has increased approximately five times during this five year period. The comparable change in gonorrhea has not been as dramatic, but it still represents about a two-thirds increase over the 1955 low. Serious thought must be given to extending control measures to a level more consistent with the magnitude of the venereal disease problem.

STATISTICAL REPORT FOR THE 37th WEEK ENDING SEPTEMBER 16, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	6	8	969	1286
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	7
GONORRHEA	43	25	1756	1647
INFECTIOUS HEPATITIS	2	1	105	73
INFLUENZA	0	-	75	53
MEASLES	1	9	313	1821
MUMPS	9	8	896	981
POLIOMYELITIS	0	1	3	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	1	0	6	8
SALMONELLOSIS	0	1	59	59
SCARLET FEVER	1	3	179	147
SYPHILIS	15	8	704	619
TUBERCULOSIS	12	7	404	343
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	2	1	53	13
POLIOMYELITIS (DISEASE YEAR)**	-		2	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

EPILEPSY	1
POLIOMYELITIS	1
PNEUMONIA	6
TUBERCULOSIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	231	222
BIRTHS RECORDED FOR THE WEEK	493	631

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN
CITY & COUNTY OF SAN FRANCISCO
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

SEPTEMBER 26, 1960

BIRTHS, DEATHS AND DISEASE

In 1950, the San Francisco census figure was 775,357. The preliminary figures for the April 1, 1960 census showed a total population of 715,609, a loss of nearly 60,000 or 7.7 percent since 1950. The final figure will be available about November, 1960, but is not expected to be more than about 730,000. In line with the decrease in total population there has been a slight decrease in resident births from 15,104 in 1958 to 14,634 in 1959. However, the number of births to Negro, Chinese, Japanese and to others in the non-white races increased during this time. This reflects not only an increasing number of people of child-bearing age in the non-white population but also a tendency toward either a stabilization or a decrease in the number of whites of child-bearing age.

The increasing number of births to non-white parents, many of whom are in the lower economic groups, increase the problems and the responsibilities which fall upon the Department of Public Health and upon many voluntary agencies in San Francisco. Births at San Francisco General Hospital, for example, increased from 1,628 in 1958 to 1,740 in 1959. Further, almost one-fifth of the births were premature and two-thirds of these were born of Negro mothers. It is apparent that both the preventive medical services through our Bureau of Maternal Child Health and the prenatal and obstetrical services at San Francisco General Hospital have a bigger job to do now and in the future.

Certain causes of death in San Francisco reflect the fact that our population structure, particularly among white persons, is composed of a relatively high percentage of people in the older age groups. Deaths due to diseases of the heart and blood vessels, cancer, cirrhosis of the liver, influenza, pneumonia and diabetes as well as accidents and suicides are indications that we have a high population at risk for diseases of this type. The so-called degenerative diseases are largely responsible for the high hospital occupancy in both San Francisco General Hospital and in Laguna Honda Home, our chronic disease facility. It should be noted, however, that chronic diseases are not limited to older people. Rheumatic fever, leukemia and, rarely, poliomyelitis attack people in younger age groups and result in permanent disability. The developing rehabilitation services at our institutions are not limited solely to those in the older age groups. A broadening of both immediate and long-term plans for the diagnosis, treatment and rehabilitation of those suffering from chronic diseases is indicated.

STATISTICAL REPORT FOR THE 38th WEEK ENDING SEPTEMBER 23, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	12	6	981	1289
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	5	7
Gonorrhea	44	31	1800	1701
Infectious Hepatitis	7	1	112	77
Influenza	1	-	76	53
Measles	1	5	314	1825
Mumps	7	14	903	995
Poliomyelitis	0	0	.3	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	6	8
Salmonellosis	2	2	61	61
Scarlet Fever	4	3	183	150
Syphilis	29	7	733	636
Tuberculosis	8	8	411	349
Typhoid Fever	0	0	0	2
Whooping Cough	0	0	53	13
Poliomyelitis (Disease Year)*		-	2	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Hepatitis, Viral	1
Poliomyelitis	1
Shigellosis (Newborn)	1

	1960	1959
Deaths recorded for the week	204	197
Births recorded for the week	423	344

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

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WEEKLY BULLETIN

CITY & COUNTY OF SAN FRANCISCO
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 3, 1960

URBAN SANITATION

The people of San Francisco enjoy living in an exceptionally healthful environment. Efficient sanitation services by the Department of Public Health coupled with the services of other departments of the city government and with the Bay Area Water Pollution Control District and the Bay Area Air Pollution Control District all help to maintain sanitary control of our environment. San Franciscans as well as visitors to our city are eating in food handling establishments with high standards. From a health standpoint we are not affected particularly by insects or rodents by reason of our climate, though in some areas of the city they may constitute a niusance. There is some evidence also that the rodent population is on the increase in the Mission, Sunset, Parkside, and Lake Merced areas which indicates that our rodent control program must continue at a high level.

Perhaps one of the greatest problems that San Francisco will face in the next decade is the provision of decent, safe, and sanitary housing for its citizens. The Urban Renewal program and the activities of the Redevelopment Agency and of the City Planning Commission are directed toward making most efficient use of land in San Francisco. The housing program of this department which is integrated with the overall program, focuses its attention on the hygiene of housing as it affects the people themselves who live in these houses. It is important that this emphasis on the personal aspects of housing be continued.

Another problem, which is vexing many municipalities throughout the United States, is the control of pigeons - a problem which has a great emotional connotation. Pigeons are a recognized nuisance due to their filthy habits which produce unsanitary conditions and deface our buildings and parks. In addition, they are potentially dangerous to the health of human beings. They are capable of transmitting such diseases as "parrot fever", a virus infection known scientifically as psittacosis. The feeding of pigeons in public squares should be prohibited in view of the fact that the dumping of refuse can attract rodents as well as pigeons. Though the proved public health dangers are less than the known nuisance factors, pigeons constitute a potential hazard to the health of the people of San Francisco. It is hoped that the public will support control measures before someone becomes ill and disabled or dies as a result of contact with pigeons.

STATISTICAL REPORT FOR THE 39th WEEK ENDING SEPTEMBER 30, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	3	6	984	1293
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	7
GONORRHEA	48	29	1848	1754
INFECTIOUS HEPATITIS	2	1	114	79
INFLUENZA	0	-	76	53
MEASLES	0	9	314	1829
MUMPS	7	16	910	1002
POLIOMYELITIS	1	0	4	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	6	8
SALMONELLOSIS	2	1	63	62
SCARLET FEVER	0	2	183	157
SYPHILIS	28	9	761	657
TUBERCULOSIS	6	9	417	355
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	1	2	54	13
POLIOMYELITIS (DISEASE YEAR) **	-		3	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	7
SYPHILIS	1
TUBERCULOSIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	220	176
BIRTHS RECORDED FOR THE WEEK	508	525

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN,

**DISEASE YEAR BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

City & County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 10, 1960

SOME INFECTIOUS DISEASES

Notwithstanding the increased impact of chronic diseases and the necessity for developing control programs with particular emphasis on the prevention of secondary complications, it is still well for us to remember that the communicable diseases are still with us and that they can still produce disability and death.

Among these infectious diseases which we have to continuously look out for are those which affect the gastro-intestinal tract. There has been a gradual increase in the number of cases of certain of these during the past few years. In 1959, 120 cases of a group known as Shigellosis were reported. We are still able to report only an occasional case of typhoid fever, there having been only three in 1959 and 14 cases during the previous four years. There were 85 cases of Salmonellosis reported last year, which is slightly below the average of the prior four years. The only satisfactory method of control of these diseases is interference with the chain of events that leads up to them. Such cases involve an investigation that brings into the picture the laboratory services and the sanitation services under the direction of our epidemiologists, to find the carriers who often are asymptomatic and to determine what breaks in technique have resulted in the transmission of their infection.

Among other communicable diseases of relatively high incidence are the so-called diseases of childhood: chickenpox, measles and mumps. We do not seem to have "epidemic years" of these diseases any more. There are relatively broad variations in their reported incidence and we believe that the relatively high incidence each year suggests the mobility of our preschool and school children in and out of our city. We have apparently done an effective job of immunization against some of our infectious diseases, in that there was only one case of diphtheria reported last year, none in 1958 and one each in the previous three years. There were 16 cases of pertussis reported in 1959, with no deaths, 60 cases reported in 1958, 91 in 1957, 64 in 1956 and 73 in 1955. There have been no cases of smallpox reported in the last five years and no cases of tetanus. It appears, therefore, that between the efforts of the medical profession, the private hospital clinics and the health department services, an effective immunization program against smallpox, diphtheria, pertussis and tetanus, particularly among our children is being effectively carried out.

STATISTICAL REPORT FOR THE 40th WEEK ENDING OCTOBER 7, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	3	5	987	1296
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	7
GONORRHEA	50	51	1898	1815
INFECTIOUS HEPATITIS	7	0	121	79
INFLUENZA	0	-	76	54
MEASLES	1	6	315	1835
MUMPS	8	11	918	1035
POLIOMYELITIS	0	0	4	7

CASES REPORTED:	FOR THE WEEK	MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	6	9
SALMONELLOSIS	2	2	65	63
SCARLET FEVER	2	1	185	159
SYPHILIS	12	8	773	668
TUBERCULOSIS	8	6	425	358
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	0	1	54	13
POLIOMYELITIS (DISEASE YEAR) **		-	3	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	1
PNEUMONIA	4
TUBERCULOSIS	2

	1960	1959
DEATHS RECORDED FOR THE WEEK	181	183
BIRTHS RECORDED FOR THE WEEK	437	375

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

**DISEASE YEAR BEGINS ON APRIL 1ST

17/60

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WEEKLY BULLETIN

City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 17, 1960

LAGUNA HONDA HOME PROGRESS REPORT

Nearly $7,000,000 will have been spent by June 30, 1961 on remodeling, modernization and deferred maintenance at Laguna Honda Home, San Francisco's hospital for the chronically ill, handicapped and aged. Of this, approximately $5,500,000 has come from the 1954 Laguna Honda Home Bond Issue and $1,500,000 from annual budget appropriations. All work for which funds have now been appropriated will be completed on June 30, 1961.

An appropriation in the amount of $550,000 has been requested for the fiscal year beginning July 1, 1961. Of this amount $295,000 is for deferred maintenance, mostly mechanical and electrical work, $32,000 for replacement and reconstruction and $223,000 for capital improvements. The deferred maintenance will complete the renovation and restoration of the buildings and plant, bringing them up to minimum State requirements. Capital improvements include remodeling of present ambulatory wards to meet State specifications for licensure. With State licensure the City and County of San Francisco will receive revenues from Old Age, Blind Aid, and Aid to Totally Disabled funds, making this project self liquidating. Other capital improvements include controls to prevent the spread from soiled laundry of staphylococcus aureus. All will be completed by June 30, 1962. Already finished are new boilers and auxiliary power equipment, steam mains and returns, a new incinerator, a new plumbing and electrical distribution system, expansion of the laundry, and new roads and parking. Other completed projects include the remodeling of Clarendon Hall for ambulatory men, a new kitchen and bakery, additional elevators, connecting corridors, ward improvements and a modern rehabilitation department.

All of the foregoing is designed to meet the changing needs of present day society. With the advent of increased Social Security benefits, Old Age pensions and other private pension plans, the ambulatory population of Laguna Honda Home is declining in numbers. This decline will continue. On the other hand, increased longevity and particularly the concentration of people over 65 in San Francisco accelerates the need for hospital beds providing long term nursing and medical care. Ten years ago Laguna Honda Home had 880 hospital patients and 1050 ambulatory residents. Today it has 1030 hospital beds occupied, 114 additional hospital beds unoccupied, but ready for use, and 520 ambulatory residents. In several years Laguna Honda Home will comprise 1500 hospital patients and 300 ambulatory residents.

STATISTICAL REPORT FOR THE 41ST WEEK ENDING OCTOBER 14, 1960

CASES REPORTED:	FOR THE WEEK	5 YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	1	11	988	1301
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	5	7
GONORRHEA	37	26	1935	1869
INFECTIOUS HEPATITIS	2	2	123	82
INFLUENZA	0	-	76	55
MEASLES	2	9	317	1841
MUMPS	4	16	922	1049
POLIOMYELITIS	0	1	4	7

CASES REPORTED:	FOR THE WEEK	5 YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	6	9
SALMONELLOSIS	0	1	65	64
SCARLET FEVER	2	2	187	159
SYPHILIS	21	9	794	677
TUBERCULOSIS	9	5	434	359
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	1	0	55	16
POLIOMYELITIS (DISEASE YEAR)**		-	3	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES	
PNEUMONIA	3
TUBERCULOSIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	166	126
BIRTHS RECORDED FOR THE WEEK	463	313

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL 1.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 24, 1960

PREPARING FOR PARENTHOOD

The expectant mother today recognizes that having a baby is a perfectly natural process and looks forward to the birth of her child. She is eager to learn and understand what is happening during her pregnancy and labor, why certain medical and nursing routines are required, why certain rules of hygiene are necessary and the relationship of her health and well-being to that of her unborn baby.

To aid the mother in developing an understanding of these matters and to dispel unnecessary fears based on misinformation and half-truths, the San Francisco Health Department has for many years conducted a series of prenatal classes as a part of its on-going program of Maternal and Child Health services. These classes are conducted by the public health nurses under the direction of the district medical officer and seek to instill in the expectant parent a sense of security during these important months, a feeling of accomplishment during her labor and a readiness to care for her baby. The classes comprise six sessions held in consecutive weeks. Talks by the district medical officer and public health nurses are supplemented by demonstrations of formula preparation and baby bathing. Sound motion pictures are used to illustrate labor, childbirth and infant care. The instructions which are given in no way substitute for antepartal care and the importance of understanding and following the family physician's advice is stressed.

Three of our district health centers will begin offering these classes within the next few weeks on the following dates. Further information regarding these parents' classes may be obtained by calling the San Francisco Health Department, UNderhill 1-4701.

Health Center	Address	Classes Begin
Marina-Richmond	2303 Greenwich Street	Friday, October 28
Sunset	1990 - 41st Avenue	Wednesday, November 2
North East	799 Pacific Avenue	Thursday, November 3

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STATISTICAL REPORT FOR THE 42nd WEEK ENDING OCTOBER 21, 1960

CASES REPORTED:	FOR THE WEEK	MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	5	13	993	1314
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	5	7
GONORRHEA	72	41	2007	1922
INFECTIOUS HEPATITIS	0	1	123	85
INFLUENZA	0	-	76	55
MEASLES	2	9	319	1844
MUMPS	6	16	928	1072
POLIOMYELITIS				

CASES REPORTED:	FOR THE WEEK	5 YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	6	9
SALMONELLOSIS	1	1	66	65
SCARLET FEVER	0	6	187	167
SYPHILIS	22	7	816	697
TUBERCULOSIS	8	8	442	364
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	0	2	55	16
POLIOMYELITIS (DISEASE YEAR) **	-		3	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	9
TUBERCULOSIS	3

	1960	1959
DEATHS RECORDED FOR THE WEEK	195	206
BIRTHS RECORDED FOR THE WEEK	446	435

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL 1ST.

0/31/60

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 31, 1960

WELCOME TO MEMBERS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

San Francisco again welcomes you as its guests at the Annual Meeting of the American Public Health Association. The Local Committee, under the joint chairmanship of the Director of Public Health of San Francisco and the Director of Public Health of the State of California, Dr. Malcolm H. Merrill, who is also your President, have made every effort to make your stay in San Francisco productive and enjoyable.

The Scientific Program looks excellent, and San Francisco offers you opportunities for scientific trips and for recreation far beyond that which you can find in most other areas this time of year. The main office of the San Francisco Department of Public Health is located just west of the Civic Auditorium, and you are welcome to visit our facilities at any time. Within a few blocks of the Auditorium is the Adult Guidance Center, operated by the department; this is one of the largest out-patient departments for the treatment of alcoholism in the country, and is in its eleventh year of operation.

The State Department of Public Health in Berkeley offers you its facilities. University of California's School of Public Health in Berkeley and its School of Medicine in San Francisco welcome you. The Stanford University School of Medicine in Palo Alto is another facility that may interest you. Within a few blocks' walk are the offices and laboratories of the Bay Area Air Pollution Control District under the direction of Mr. Benjamin Linsky.

As for recreation, we have ordered the best possible climate. We are noted for our excellent eating places. We have a Zoo near the beach where you can see the Pacific Ocean. Golden Gate Park, a hundred per cent man-made park, with its art exhibits, arboretum, planetarium, and Japanese Gardens, invites you to come and "walk on the grass!"

Our Program Committee has arranged entertainment with particular emphasis on things for the women folks to see, and those of you who are living downtown are within walking distance of one of the greatest shopping districts in the country, and are only a few blocks from our famous Chinatown. Call at the Hospitality Information Center for information regarding any special service that you feel we may supply. We hope that you will have a wonderful time, because we are glad to have you with us.

STATISTICAL REPORT FOR THE 43rd WEEK ENDING OCTOBER 28, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	8	13	1001	1316
Diphtheria	0	0	0	1
Epidemic Meningitis	0	0	5	7
Gonorrhea	49	37	2056	1963
Infectious Hepatitis	2	2	125	86
Influenza	0	-	76	55
Measles	1	11	320	1860
Mumps	13	6	941	1072
Poliomyelitis	0	0	4	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	6	9
Salmonellosis	0	2	66	70
Scarlet Fever	2	4	189	169
Syphilis	35	11	851	720
Tuberculosis	8	9	446	373
Typhoid Fever	0	0	0	2
Whooping Cough	0	1	55	17
Poliomyelitis (Disease Year)**		-	3	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Encephalitis	1
Pneumonia	3

	1960	1959
Deaths recorded for the week	200	234
Births recorded for the week	387	405

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

11/7/60

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 7, 1960

THE PLASTIC BAG HAZARD

Basic to any program to prevent accidental injury and death to children in the home is the recognition of their impulsiveness, adventurousness and unexpected ability to make use of common household articles in uncommon fashion. It also presupposes an awareness on the part of parents of the fact that even seemingly innocent things in and about the home can be instrumental in bringing about these tragedies. One such object is the thin polyethylene bag which is ordinarily used today as protective covering for cleaned garments, food and other consumer goods.

Because these pliable plastic bags are shiny, soft to the touch and have "see-through" characteristics, they are particularly attractive to children as playthings which they find hard to resist. Unfortunately, children like to pull the bags over their heads and are delighted because they can see through them. And this is how the tragedy occurs. The polyethylene material may cling to the child's face, thus cutting off air from the nose and mouth and unless prompt intervention takes place, suffocation follows. Similar accidents may occur when a bag is used as a mattress or pillow cover and the child lies face down on it.

There is no risk in these plastic film materials when they are used for the purpose for which they are intended. It is in their misuse that the hazards lie. All parents should see to it therefore that: (1) These bags are disposed of immediately after they have served their purpose. This is best done by tying a knot in the bag and putting it in the refuse container. (2) Never use these bags as makeshift covers for mattresses or pillows. (3) Plastic film is not a plaything and it should never be left where children can have access to it.

As a final word, counseling alone on the part of this department or any other agency will not reduce the number of home accidents. It is what each family does in the way of constant supervision of their children which will result in safer living in the home.

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STATISTICAL REPORT FOR THE 44th WEEK ENDING NOVEMBER 4, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	1	9	1002	1320
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	5	7
GONORRHEA	64	32	2120	1995
INFECTIOUS HEPATITIS	0	0	125	87
INFLUENZA	0	-	76	55
MEASLES	5	5	325	1864
MUMPS	7	12	948	1101
POLIOMYELITIS	0	0	4	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	1	0	7	9
SALMONELLOSIS	1	2	67	72
SCARLET FEVER	3	4	192	175
SYPHILIS	15	10	866	729
TUBERCULOSIS	10	11	456	399
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	0	0	55	17
POLIOMYELITIS (DISEASE YEAR) **			3	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

ENCEPHALITIS	1
PNEUMONIA	1
SYPHILIS	1
TUBERCULOSIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	189	144
BIRTHS RECORDED FOR THE WEEK	397	421

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 14, 1960

THE TUBERCULIN TESTING PROGRAM IN THE SCHOOLS

During the past year 93 previously unknown cases of tuberculosis were discovered through the school tuberculin skin testing program. This program is carried on by the Division of Tuberculosis Control of the San Francisco Department of Public Health, with the cooperation of the administration of the public and private schools. All students in the first, seventh, tenth and twelfth grades and all students new to San Francisco schools, except for kindergarten, are tested every year. Previously known positive reactors are excluded.

During the 1959-1960 school year, 34,028 students were tested, of which 2,267, or 6.7%, reacted positively to the tuberculin. This indicated that these students had been infected by a tubercle bacillus at some time during their life, but did not necessarily indicate that they had active clinical tuberculosis. However, clinical tuberculosis could only be excluded by further evaluation and a chest x-ray. Furthermore, the source of the active cases that infected these children was sought through examination of the close family contacts.

As a result of the follow-up examination of the 2,267 students who reacted positively to the tuberculin test, a total of 54 cases of active tuberculosis were found in school children: 9 in high school, 14 in junior high school, 27 in elementary school, and 4 in adult day high school. The examination of family contacts revealed 39 previously unknown cases of active tuberculosis in the homes. Of the 93 cases discovered through this program, 41 were active primary or childhood type; 26 had minimal, 9 had moderately advanced, 14 had far advanced pulmonary tuberculosis; there was one patient with Tuberculosis Meningitis, and 2 with Tuberculosis Cervical Adenitis.

The tuberculin skin testing in the schools has been one of the most effective tuberculosis casefinding programs in San Francisco. During the past four years 259 new cases have been discovered, of which 174 were in school children and 85 were in family contacts in the home. The casefinding rate has been 2.74 newly diagnosed cases of tuberculosis per 1,000 skin tests given. The effectiveness of the program has been due to the extensive follow-up of positive reactors and their immediate family contacts by the Health Department and family physicians.

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STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 10, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	0	12	1002	1325
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	5	7
GONORRHEA	44	29	2164	2054
INFECTIOUS HEPATITIS	2	1	127	89
INFLUENZA	0	-	76	55
MEASLES	5	12	330	1864
MUMPS	6	20	954	1121
POLIOMYELITIS	0	0	4	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	7	9
SALMONELLOSIS	2	1	69	72
SCARLET FEVER	4	4	196	177
SYPHILIS	11	14	877	748
TUBERCULOSIS	12	7	466	413
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	0	1	55	17
POLIOMYELITIS (DISEASE YEAR)**		-	3	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	3
TUBERCULOSIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	138	193
BIRTHS RECORDED FOR THE WEEK	357	385

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 21, 1960

THE HEALTH OF OUR SCHOOL CHILDREN

In San Francisco the school health services program is conducted by the Department of Public Health. All public health nurses, school physicians, dentists, audiometrists, and other health service personnel are employees of this Department rather than of the Department of Education as is the case in most communities.

The health services provided in schools are only one part of a total health program for school-age children. When the child enters school, the health department and school personnel join with the private physician and the parents as parties interested in the health of the child. It is important that physicians, health department and school personnel coordinate their activities by cooperative planning, if the health program for school age children is to be successful. This coordinated planning is done through the School Health Committee of the San Francisco Medical Society and the Central Health Committee of the San Francisco Unified School District and the San Francisco Health Department. All school health programs are reviewed by them.

The major purpose of such a program is to maintain, improve and promote the health of the school age child. One major service of this program involves the child's need for health supervision including periodic evaluation, follow-up of any problems which are suspected or recognized and parent education and counselling. The parent is responsible for his child's health. For this reason we request that the parent take his child to his own physician for periodic health appraisals at least when he starts school and at three or four year intervals, namely, 4th, 7th and 10th grades. In addition to these health evaluations, other case finding programs are carried out in all schools by the Health Department including the tuberculin testing program, hearing testing services and vision screening program. We also give help to teachers and other school personnel as to when to refer children whom they suspect may have health problems.

We feel that children should be under private medical care. For this reason referrals are made in order to encourage parents to take their children to their own physician periodically when they have no symptoms as well as when some special health problem is suspected.

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STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 18, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	6	15	1008	1341
Diphtheria	0	0	0	1
Epidemic Meningitis	0	0	5	7
Gonorrhea	77	39	2241	2097
Infectious Hepatitis	3	1	130	90
Influenza	0	-	76	55
Measles	1	7	331	1867
Mumps	6	27	960	1148
Poliomyelitis	0	0	4	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	0	0	7	9
Salmonellosis	18	1	87	75
Scarlet Fever	7	5	203	182
Syphilis	28	8	905	761
Tuberculosis	12	11	478	428
Typhoid Fever	0	0	0	2
Whooping Cough	0	0	55	17
Poliomyelitis (Disease Year)**			3	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	2
Syphilis	2

	1960	1959
Deaths recorded for the week	209	257
Births recorded for the week	500	358

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

1960

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 28, 1960

COOPERATION FOR ALCOHOLISM

November 28 through December 2 has been proclaimed by President Eisenhower as Alcoholism Information Week to urge greater understanding of this widespread health problem which cuts across all socio-economic and cultural levels in this country. In San Francisco we have never had a survey covering the drinking habits of our residents. But if we utilize the death rate from cirrhosis of the liver as an index of the excessive use of alcohol, we can presume that the residents of this city consume considerably more than the average of alcoholic beverages consumed by the people of the United States.

Except for the then small but growing organization known as Alcoholics Anonymous, facilities for the care and treatment of alcoholics were unknown twenty years ago. Since that time, public opinion has been aroused and communities have been mobilized to provide adequate services for those afflicted with this disease. Today, general practitioners and internists as well as other medical staff are trained and ready to cope with this chronic ailment. Nutritionists are employed to cope with the alcoholic's dietary needs and psychiatric personnel are called in to handle the underlying problems that must be dealt with. Hospitals are now receiving alcoholics as in-patients and community clinics such as the San Francisco Health Department's Adult Guidance Center are set up to combine outpatient treatment with rehabilitation.

The Adult Guidance Center is only a part of the total services available to the people of San Francisco to cope with the problem of alcoholism. The medical profession, organizations such as Alcoholics Anonymous and voluntary agencies cooperate with official agencies not only to treat those who already have been made ill by excessive use of alcohol, but through a process of education, develop a better understanding on the part of people as a whole. The person who cannot live without alcohol is a medical and social problem who must be treated as such and at the same time these agencies must teach the oncoming generation the facts concerning the effects of alcohol and "how to live with it without reaching a point where they can't live without it."

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STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 25, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	7	21	1015	1352
Diphtheria	0	0	0	1
Epidemic Meningitis	0	0	5	7
Gonorrhea	39	35	2280	2145
Infectious Hepatitis	1	1	131	93
Influenza	0	-	76	56
Measles	3	8	334	1869
Mumps	3	27	963	1183
Poliomyelitis	1	0	5	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	1	0	8	9
Salmonellosis	2	2	72	76
Scarlet Fever	2	5	205	189
Syphilis	14	11	919	777
Tuberculosis	11	10	488	438
Typhoid Fever	1	0	1	2
Whooping Cough	0	0	55	19
Poliomyelitis (Disease Year)**		-	4	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	7
Tuberculosis	2

	1960	1959
Deaths recorded for the week	184	194
Births recorded for the week	337	352

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 5, 1960

PEDESTRIAN SAFETY

While it may be tiresome to some to see frequent and detailed reference made to our growing and continual problem of traffic safety, the majority of the responsible residents of this city realize that until public unawareness and apathy are overcome, our accident incidence will not be reduced materially. In 1959, for example, traffic accidents in San Francisco resulted in injuries to 7,833 and death to 87 people in this city. 1,492 of those injured and 53 of those killed were pedestrians. Such figures are tragic enough in themselves, but equally tragic and more frequently forgotten are the resultant number of damaged brains, broken backs and disabled bodies of those who managed to survive, and the wrecked families and orphaned children of those who did not.

Today's automobile industry is incorporating into their designs built-in features such as safety locks on doors, padded dashboards, recessed steering wheels, safety belts and the like as their contribution toward lessening the hazards of driving. Added to this, the National Safety Council with its local chapters, official accident prevention bureaus together with magazines and newspapers unite in their efforts to keep the public continually aware of the need for alertness in traffic.

As individual pedestrians, whether regular or occasional, each of us has a responsibility to cooperate in this widespread effort to lessen the growing toll of life and limb. This is especially true during these winter months when the holiday mood, Christmas shopping spree and reduced visibility combine to make traffic conditions particularly hazardous. How can we as pedestrians keep from walking ourselves to death? The observance of the following simple rules can save your own life and be our individual contribution toward the prevention of traffic deaths and injuries. (1) Obey traffic signals and use pedestrian lanes for crossing; (2) Carry or wear something white or light colored when walking at night; (3) Be doubly careful after dark in bad weather; (4) Never walk into the street from between parked cars; (5) After getting off a bus or street car, don't go around it, front or rear. Wait until it leaves before crossing.

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STATISTICAL REPORT FOR THE 48th WEEK ENDING DECEMBER 2, 1960

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CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	5	12	1020	1364
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	1	0	6	7
GONORRHEA	53	38	2333	2205
INFECTIOUS HEPATITIS	1	1	132	94
INFLUENZA	1	-	77	56
MEASLES	2	9	336	1873
MUMPS	4	13	967	1196
POLIOMYELITIS	0	1	5	11

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	8	9
SALMONELLOSIS	3	2	75	78
SCARLET FEVER	5	5	210	193
SYPHILIS	14	13	933	791
TUBERCULOSIS	9	6	496	442
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	1	0	56	19
POLIOMYELITIS (DISEASE YEAR)**		-	4	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3

	1960	1959
DEATHS RECORDED FOR THE WEEK	222	180
BIRTHS RECORDED FOR THE WEEK	430	368

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 12, 1960

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DORIS L. ROBINSON, R.N., P.H.N. - CIVIL SERVANT 1922-1960

The death of Miss Doris L. Robinson, Director of Public Health Nursing since 1944 terminated 38 years of brilliant and dedicated service to the people of San Francisco. Starting as a registered nurse at San Francisco General Hospital, Miss Robinson advanced to the Directorship of the Bureau of Public Health Nursing in 1944, and for the last sixteen years, developed one of the outstanding public health nursing services in the United States.

Her personality, her unselfish devotion to her job, her staff, and to the Department, and her outstanding professional ability was a combination of factors that gave the people of San Francisco the kind of leadership and service that makes us proud to have been associated with her.

The great psychologist and philosopher, Dr. William James, said "The great use of a life is to spend it for something that outlasts it". Miss Robinson did just that and the heritage we have from her life is the excellent public health nursing program upon which we will continue to build for the future.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 9, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	2	17	1022	1380
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	7
GONORRHEA	61	36	2394	2254
INFECTIOUS HEPATITIS	5	1	137	96
INFLUENZA	0	-	77	56
MEASLES	6	10	342	1877
MUMPS	17	21	984	1247
POLIOMYELITIS	0	1	5	11

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

TUBERCULOSIS	3

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	1	0	9	9
SALMONELLOSIS	2	2	77	80
SCARLET FEVER	8	5	218	201
SYPHILIS	18	6	951	814
TUBERCULOSIS	11	8	506	450
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	1	0	57	19
POLIOMYELITIS (DISEASE YEAR)**		-	4	10

	1960	1959
DEATHS RECORDED FOR THE WEEK	222	209
BIRTHS RECORDED FOR THE WEEK	414	432

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 19, 1960

A SAFE AND MERRY CHRISTMAS

Christmas, which should be the jolliest time of the year, is often marred by tragedy due to needless accidents which unhappily occur at this season. Most of us are aware of the dangers inherent in making use of faulty or overloaded electrical connections, or the dangers involved in placing ignitable materials too close to the Christmas tree or allowing gift wrappings to pile up where a stray cigarette may fall and set them on fire. However, we are very apt to forget or be amazingly careless about the other festive pieces placed about the house to enhance the holiday spirit of the friends and relatives who visit back and forth at this time. A table decorated with a beautiful centerpiece surrounding a gaily lit candle or a lighted toy Santa and reindeers precariously balanced on a mantelpiece may look very wintery, but unless we take the added precaution of making sure that these materials are flame proof, we are inviting trouble. People who would never think of using a lighted candle on a Christmas tree nevertheless will thoughtlessly set a flickering decorative candle among ignitable greens, cottons or other inflammable materials. It is from such seemingly innocent sources that fire and panic suddenly and quickly take their toll. In fact, when one thinks of the thousands of gay occasions that take place all over the country at this season of the year, it is surprising that these tragedies do not occur more often.

To insure the fact that our Christmas will be safe as well as merry we should remember to:

1. Keep our Christmas tree away from fireplaces or electrical heating units and preferably in a container with water.
2. Check all wires on Christmas tree lights to be sure that they are properly insulated. Use underwriters approved electric lights for the tree.
3. Place extension cords where no one can trip over them.
4. Use only non-flammable or flame-proofed materials on the tree or for other house decorations.
5. Avoid using lighted candles as decorations.

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STATISTICAL REPORT FOR THE 50th WEEK ENDING DECEMBER 16, 1960

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CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	11	19	1033	1390
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	7
GONORRHEA	47	36	2441	2317
INFECTIOUS HEPATITIS	3	0	140	96
INFLUENZA	0	-	77	58
MEASLES	7	13	349	1884
MUMPS	8	34	992	1281
POLIOMYELITIS	1	1	6	13

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	9	10
SALMONELLOSIS	2	4	79	84
SCARLET FEVER	2	5	220	206
SYPHILIS	25	9	976	852
TUBERCULOSIS	10	8	516	467
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	0	1	57	19
POLIOMYELITIS (DISEASE YEAR)**	-		5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 3

	1960	1959
DEATHS RECORDED FOR THE WEEK	221	213
BIRTHS RECORDED FOR THE WEEK	423	387

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

DECEMBER 27, 1960

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SEASON'S GREETINGS

OUR HEARTIEST WISHES TO ALL OUR FRIENDS FOR A JOYOUS HOLIDAY SEASON AND A YEAR OF GOOD HEALTH AND PROSPERITY ---

The Staff of the San Francisco Department of Public Health

STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 23, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Chickenpox	14	16	1047	1395
Diphtheria	0	0	0	1
Epidemic Meningitis	1	0	7	7
Gonorrhea	68	46	2509	2371
Infectious Hepatitis	1	1	141	99
Influenza	0	-	77	59
Measles	2	9	351	1884
Mumps	7	18	999	1293
Poliomyelitis	0	0	6	13

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
Rheumatic Fever	1	0	10	10
Salmonellosis	6	2	85	84
Scarlet Fever	12	3	232	208
Syphilis	19	10	995	874
Tuberculosis	9	10	525	477
Typhoid Fever	0	0	1	3
Whooping Cough	0	0	57	19
Poliomyelitis (Disease Year)**		-	5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia 6

	1960	1959
Deaths recorded for the week	186	197
Births recorded for the week	320	312

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 3, 1961

A HAPPY NEW YEAR, SAN FRANCISCO!

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One of the peculiarities of 1961 is that it looks the same when you look at the numbers right side up or upside down. This will not happen again until the year 6009. It behooves us, then, to make something extra special out of 1961.

The events of the past year as they relate to San Francisco's health suggest that 1961 will be an even better year, just as 1960 was better than 1959. The improvements in our physical, emotional and environmental health necessary to assure us of a happy, healthy, and productive life necessitate continued organized community effort.

The Department of Public Health with its 2,900 employees has had the very encouraging cooperation of other departments of city government and of voluntary agencies, of community organizations, of the practicing physicians and dentists, and of the thousands of volunteers who have left their busy practices, or their jobs in offices or their homes to give care and assistance to the well and the sick who are the responsibility of the Department of Public Health.

The excellent public education provided by the press, radio, and television have enabled us to keep the public informed of some of our major problems and some of the activities that must be carried on to solve them. We appreciate this kind of cooperation and assistance, and know that 1961 will be a better year because all of us will be working together to that end.

STATISTICAL REPORT FOR THE 52ND WEEK ENDING DECEMBER 30, 1960

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
CHICKENPOX	3	12	1050	1399
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	1	0	8	7
GONORRHEA	60	32	2569	2399
INFECTIOUS HEPATITIS	3	1	144	100
INFLUENZA	0	-	77	59
MEASLES	3	8	354	1885
MUMPS	2	17	1001	1313
POLIOMYELITIS	0	0	6	13

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1960 TO DATE	1959 TO DATE
RHEUMATIC FEVER	0	0	10	10
SALMONELLOSIS	1	2	86	85
SCARLET FEVER	2	4	234	212
SYPHILIS	15	10	1010	885
TUBERCULOSIS	12	11	537	495
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	1	0	58	19
POLIOMYELITIS (DISEASE YEAR)**			5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5
RHEUMATIC FEVER	1
SYPHILIS	1

	1960	1959
DEATHS RECORDED FOR THE WEEK	185	191
BIRTHS RECORDED FOR THE WEEK	335	335

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 9, 1961

1960 PROVISIONAL ESTIMATES OF VITAL STATISTICS IN SAN FRANCISCO

	1960 PROVISIONAL BY OCCURRENCE	1959 FINAL BY OCCURRENCE
BIRTHS	20,700	20,476
DEATHS	10,300	10,116
DEATHS UNDER 1 YEAR	460	483
NEONATAL DEATHS	355	359
MATERNAL DEATHS	6	5
FETAL DEATHS	260	275
SOME IMPORTANT CAUSES OF DEATH BY OCCURRENCE		
HEART DISEASES	3,830	3,734
CANCER	2,120	2,089
VASCULAR LESIONS OF C.N.S.	890	912
CIRRHOSIS OF THE LIVER	490	441
ACCIDENTS	450	421
DISEASES OF EARLY INFANCY	290	286
SUICIDES	240	207
PNEUMONIA	220	224
CONGENITAL MALFORMATIONS	160	183
ARTERIOSCLEROSIS	160	181
DIABETES	120	100
ULCERS OF STOMACH AND DUODENUM	90	103
TUBERCULOSIS	50	58

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Again in 1960 as in 1959, recorded births and deaths in San Francisco increased slightly over the previous year's experience. The number of births will probably surpass the all time high reached in 1957; this does not necessarily mean an increase in the birth rate as about 30% of the births are to non-residents and are not included in computing rates. About 17% of the deaths are of non-residents; excluding these and adding San Francisco residents who died elsewhere will cause shifts in ranking causes of deaths. So far in 1960 about 32% of the cancer deaths, 60% of the congenital malformations and 11% of the suicides have been non-resident. Thus increased hospital facilities in San Francisco's neighboring counties have not yet caused a decrease in the use of the city as a hospital center.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 6, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	4	18	4	10
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	1	1
GONORRHEA	53	29	53	49
INFECTIOUS HEPATITIS	6	0	6	5
INFLUENZA	0	-	0	0
MEASLES	8	8	8	7
MUMPS	6	27	6	28
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	0	2	0	4
STREP INFECTIONS	8	5	8	6
SYPHILIS	11	12	11	16
TUBERCULOSIS	2	11	2	12
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	0	0
POLIOMYELITIS (DISEASE YEAR)**			5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

ACTINOMYCOSIS	1	PNEUMONIA	2
MENINGITIS, H. INFLUENZAE	1	RHEUMATIC FEVER	1
MENINGOCOCCEMIA	1	SEPTICEMIA, STAPH. AUREUS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	201	254
BIRTHS RECORDED FOR THE WEEK	328	453

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JAN 14 1961

JANUARY 16, 1961

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NEW BUREAU OF DISEASE CONTROL

Beginning this month, a major administrative and organizational change is occurring within the San Francisco Department of Public Health with the establishment of a Bureau of Disease Control. This new Bureau succeeds the Bureau of Communicable Diseases which Dr. George H. Becker headed for over twenty-five years. Dr. Erwin H. Braff has been appointed Director, Bureau of Disease Control necessitating his leaving our Division of Venereal Disease Control which he has headed for the last five years. Dr. Braff comes to his new position with a good background of professional training and experience, having received a Master's Degree in Public Health from John Hopkins University and having served as Assistant Director of Health of the Tacoma-Pierce County Health Department, Washington. Our best wishes to Dr. Braff in his new and challenging assignment.

The functions of the new Bureau include the continuation of activities in communicable disease control. This comprises the epidemiology and control of acute communicable diseases, of venereal diseases and of tuberculosis, including the operation of the Chest Clinic at the San Francisco General Hospital. It is our intention to continue with vigor the reduction of these and other communicable diseases. But the changing picture of the health needs of people demands that the Department of Public Health and the community as a whole give increased attention to non-communicable diseases. Case-finding programs are needed which will reveal early cases of glaucoma, cancer, diabetes, cardiovascular-renal diseases, arthritis and the like. Other preventive measures and rehabilitation services must be developed to reduce the incidence, complications, and the effects of chronic illness. One of the functions of the new Bureau will be to provide leadership toward the utilization of existing services and the development of new services needed to meet this problem.

Another new function of the Bureau is the epidemiology and control of occupational diseases. It is necessary that this Department, working with private industry and the medical profession, give leadership toward the development of improved occupational health service for the employed population of San Francisco. Finally, this Bureau will serve in a staff relationship to other bureaus so that the principles of epidemiologic investigation can be applied not only to chronic and occupational diseases but to accidents and many of our newer environmental hazards such as air pollution and radiation.

STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 13, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	19	45	23	30
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	1	1
GONORRHEA	70	44	123	99
INFECTIOUS HEPATITIS	0	2	6	7
INFLUENZA	3	-	3	1
MEASLES	11	36	19	14
MUMPS	26	31	32	105
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	4	3	4	3
STREP INFECTIONS	4	7	12	20
SYPHILIS	9	10	20	20
TUBERCULOSIS	9	8	11	25
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	0	0	1
POLIOMYELITIS (DISEASE YEAR)**	-		5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFLUENZA	1	TUBERCULOSIS	2
PNEUMONIA	7	GONORRHEA	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	252	244
BIRTHS RECORDED FOR THE WEEK	528	405

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

1-23-61

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 23, 1961

1 1961

REPORTED CASES OF SYPHILIS AND GONORRHEA
San Francisco 1956-1960

	1956	1957	1958	1959	1960
SYPHILIS - Total	472	570	683	885	1010
Primary	51	58	120	175	211
Secondary	64	52	113	156	155
Early Latent	130	111	121	190	241
Non-Infectious Types	227	349	329	364	403
GONORRHEA - Total	1889	2255	2428	2935	3157

The above table graphically shows the rapidly increasing venereal disease problem in San Francisco. Syphilis has more than doubled in five years, with the 472 cases reported in 1956 increasing to 1,010 reported cases in 1960. Further, primary and secondary syphilis cases have jumped from 115 to 366 in this same five-year period. These are the early infectious categories of syphilis and are particularly significant in terms of the community's health. National figures reveal that among cities over 200,000 in population, San Francisco has one of the highest attack rates for early infectious syphilis. The comparable increase in gonorrhea has not been as dramatic, but there is still an increase of 1,268 reported cases in 1960 over 1956, approximately a two-thirds increase.

When we look at the incidence of other communicable diseases in San Francisco last year, the growing relative importance of venereal disease is readily apparent. In 1960 there were more cases of venereal disease reported than the combined total of all other reportable diseases. Gonorrhea leads all communicable diseases in incidence and even the number of syphilis cases reported was greater than the number of cases of measles or mumps and only forty less than chickenpox cases. Considering all indications then, there is obvious need for San Francisco to extend control measures to a level commensurate with the increasing seriousness of the venereal disease problem.

STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 20, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	10	25	33	38
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	1	1
GONORRHEA	72	48	195	147
INFECTIOUS HEPATITIS	2	2	8	15
INFLUENZA	0	-	3	8
MEASLES	17	30	36	22
MUMPS	9	36	41	136
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	2	0	6	6
STREP INFECTIONS	9	5	21	27
SYPHILIS	20	16	40	41
TUBERCULOSIS	12	11	23	38
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	0	2
POLIOMYELITIS (DISEASE YEAR)**		-	5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	8
TUBERCULOSIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	240	231
BIRTHS RECORDED FOR THE WEEK	343	405

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

1-30-61

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 30, 1961

YOUR BIRTHDAY HEALTH CHECKUP

The beginning of another year is an appropriate time to call attention to a simple but important step each of us can take to promote his own health. This step is to arrange for a physical examination by a physician. Everyone should have a medical checkup periodically. For those of us over thirty the month of our birthday can serve as a reminder to get an annual physical examination. The family doctor, whether he practices in his own office or as a member of a group, is the logical person to conduct this periodic health checkup.

What is the purpose of an annual or periodic medical examination? Essentially this health checkup is simply a survey of a seemingly healthy person in an effort to detect a disease or disorder at an early stage. We are all familiar with the prenatal medical examinations given by obstetricians resulting in healthier mothers and babies. In the field of child health, private pediatricians give consistent health supervision and personnel of this health department conduct child-health conferences and school medical examinations. But as the aging process continues, the need for early discovery of illness associated with the middle and older age groups becomes increasingly important. Many of the chronic diseases such as those of the heart and blood vessels, cancer, diabetes, etc. would not be the killers they are if they were diagnosed and treated in the initial stages.

The periodic health examination not only enables the doctor to detect incipient disease but, in addition, serves as a basis for health education and improved health practices for the individual and the family. It provides an opportunity for the physician to help the individual gain a better understanding of his mental and physical health needs. With its value in discovering and treating illnesses early and in allowing the doctor to serve as health counselor, the periodic health examination is one of the most valuable protective measures the doctor can encourage in the field of preventive medicine. And it will lead to improved individual health and, in the aggregate, the health of the community.

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STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 27, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	12	43	45	55
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	1	1
GONORRHEA	53	41	247	188
INFECTIOUS HEPATITIS	0	1	8	21
INFLUENZA	0	-	3	17
MEASLES	19	36	55	23
MUMPS	8	33	49	169
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	1	0	0
SALMONELLOSIS	2	1	8	6
STREP INFECTIONS	8	11	29	38
SYPHILIS	29	9	69	61
TUBERCULOSIS	11	9	34	47
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	0	0	2
POLIOMYELITIS (DISEASE YEAR)**		-	5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5

	1961	1960
DEATHS RECORDED FOR THE WEEK	230	206
BIRTHS RECORDED FOR THE WEEK	439	368

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

2-6-61

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, DIRECTOR

FEBRUARY 6, 1961

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CHILDREN'S DENTAL HEALTH WEEK - FEBRUARY 5-11

Sponsored by the dental profession, the week of February 5-11 has been designated the 13th annual Children's Dental Health Week. The purpose of this national observance is to focus public attention on the need for improving the dental health of children. While over 95% of the population is afflicted with some kind of dental disorder, the application of scientific advances provides the means of insuring that today's children can grow up relatively free from dental disease. This calls for education of both children and adults for while dental decay is controllable, it cannot be reduced drastically by the dentist alone. The only real solution to the problem is prevention.

The most important and basic step people can take is the fluoridation of the water supply to make children's teeth more resistant to decay. Scientific studies have shown that children who drink water containing one part per million of fluoride from birth have up to 65% less tooth decay. San Francisco started fluoridation of the public water supply in August, 1952 and our children have been benefiting from this progressive step for over eight years. Our experience indicates that this preventive measure is completely safe. A review of our death certificates and reports of illness have given us no indication that fluoridation is injurious to health.

As effective as water fluoridation is, it does not prevent all tooth decay. For good dental health it is still necessary that the individual follow three fundamental rules. Children need to be taught by both precept and example to:

(1) Use a Toothbrush. Teeth should be brushed correctly immediately after eating to remove food particles that stick to the teeth and lead to decay. If this is impossible, a thorough rinsing out of the mouth with water is the next best thing.

(2) Eat Good Food. A well balanced diet builds strong teeth. A reduction in the consumption of sweets, especially between meals, will lessen dental decay.

(3) See the Dentist. A visit to the dentist at regular intervals will reveal cavities and other irregularities which can be treated before they become serious.

STATISTICAL REPORT FOR THE 5th WEEK ENDING FEBRUARY 3, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	34	16	79	64
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	2	1
GONORRHEA	58	41	305	226
INFECTIOUS HEPATITIS	5	1	13	22
INFLUENZA	1	-	4	35
MEASLES	8	18	63	25
MUMPS	17	22	66	191
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	1	1	1	1
SALMONELLOSIS	3	1	11	7
STREP INFECTIONS	4	6	33	44
SYPHILIS	12	14	81	79
TUBERCULOSIS	10	10	43	56
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	1	1	3
POLIOMYELITIS (DISEASE YEAR)**	-		5	12

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DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	1	SYPHILIS	1
PNEUMONIA	5	TUBERCULOSIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	228	264
BIRTHS RECORDED FOR THE WEEK	342	528

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

2-19-61

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 14, 1961

NEW ASSISTANT DIRECTOR OF PUBLIC HEALTH

The new position of Assistant Director of Public Health - Hospital Services, which was approved by the voters of San Francisco in June, 1960, was filled on February 1, 1961, by Mr. Arthur G. Burns. Mr. Burns was appointed by the Chief Administrative Officer and will perform his duties under the direction of the Director of Public Health. His headquarters are being established at San Francisco General Hospital. This new position provides us with much needed administrative direction of our institutions and medical care services. Mr. Burns' duties will be concerned with analysis, planning, policy, organization, budgeting, operation and all aspects of our medical care program including inter-relationships with community organizations.

Mr. Burns comes to us with a wide background of professional experience in hospital administration and public service. He received an A.B. degree from Duke University and an M.A. degree in Hospital Administration from Columbia University. He is a member of the American Hospital Association, the American Association of Hospital Planning, and a Fellow of the American College of Hospital Administrators. His last assignment was administrator of the 600-bed Tampa Hospitals, Tampa, Florida. We welcome Mr. Burns and his wife and three children to San Francisco and extend to him our best wishes in his new and important assignment.

With the recent establishment of this position and that of Program Chief, Community Mental Health Services, the Department of Public Health will now function with three administrative units. The first of these units comprises the General Preventive Medical and Sanitation Services under the administrative direction of the Assistant Director of Public Health - Public Health Services. Dr. Francis J. Curry is acting in this capacity at the present time. The second administrative unit is Community Mental Health Services, under the administrative direction of Dr. Robert A. Kimmich, Program Chief. This encompasses all mental health services including inpatient and outpatient care, consultation, education and rehabilitation. The third administrative unit comprises four facilities: San Francisco General Hospital, Laguna Honda Home, Hassler Health Home and Emergency Hospital Service. As discussed above, these are under the administrative direction of Arthur G. Burns, Assistant Director of Public Health - Hospital Services. The activities of all three of these administrators are subject to the approval of the Director of Public Health.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 10, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	18	26	97	110
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	1
GONORRHEA	36	42	341	281
INFECTIOUS HEPATITIS	2	1	15	26
INFLUENZA	0	-	4	44
MEASLES	19	13	82	28
MUMPS	12	46	78	237
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	1	1
SALMONELLOSIS	1	1	12	8
STREP INFECTIONS	12	3	45	54
SYPHILIS	16	12	97	93
TUBERCULOSIS	7	10	50	62
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	0	1	3
POLIOMYELITIS (DISEASE YEAR)**		-	5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	1
PNEUMONIA	3
TUBERCULOSIS	3

	1961	1960
DEATHS RECORDED FOR THE WEEK	200	205
BIRTHS RECORDED FOR THE WEEK	407	179

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

2-20-61

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 20, 1961

1961

ACCIDENTAL DEATHS IN SAN FRANCISCO
1945-1960 (by Occurrence Only)

	1945	1950	1955	1960 Provisional	16 Year Total 1945-60
Home	242	198	217	196	3377
Traffic	147	56	93	81	1377
Work	64	34	17	40	518
All Other	196	153	101	104	2357
TOTAL	649	441	428	421	7629

TYPE OF FATAL ACCIDENT, 1960	
Falls	180
Traffic, motor vehicle	81
Burns	33
Poisoning	30
Suffocation by food	19
Mechanical suffocation	19
Drowning	15
Firearms	5
Traffic, non-motor vehicle	2
Miscellaneous	37
TOTAL	421

FATAL ACCIDENTS BY SEX, 1960	
Male	270
Female	151
TOTAL	421

COSTS OF LOCAL ACCIDENTS, 1960 (Estimate S.F. Chapter, Nat. Safety Council)	
Home	$ 9,016,000
Traffic	13,365,000
Work	12,000,000
All Other	6,136,000
TOTAL	$40,517,000

Accident fatalities occurring in San Francisco are detailed in the above tables. As is to be expected, deaths resulting from accidents in and about the home lead all other categories. In 1960, 196 or 47% of the total of 421 accidental deaths occurred at home. Since 1945 the total deaths from home accidents (3377) are nearly 2½ times the traffic deaths (1377) and account for 44% of the 7,629 accidental deaths in San Francisco during this 16 year span. As usual, falls constitute the type of accident which most frequently results in death. All these unnecessary deaths are costly, not only in terms of dollars, but also in terms of hardship and suffering.

STATISTICAL REPORT FOR THE 7th WEEK ENDING FEBRUARY 17, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	14	37	111	137
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	2	1
Gonorrhea	46	37	387	340
Infectious Hepatitis	4	2	19	31
Influenza	2	-	6	50
Measles	10	19	92	36
Mumps	7	38	85	262
Poliomyelitis	0	0	0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	5
Rheumatic Fever	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	0	0	1	1
Salmonellosis	1	1	13	9
Strep Infections	6	8	51	62
Syphilis	23	16	120	123
Tuberculosis	13	11	63	77
Typhoid Fever	0	0	0	0
Whooping Cough	0	1	1	4
Poliomyelitis (Disease Year)**	-		5	12

	1961	1960
Deaths recorded for the week	186	240
Births recorded for the week	296	457

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

2-27-61

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 27, 1961

CHILD PSYCHIATRIC CLINIC

The San Francisco Child Psychiatric Clinic is a clinic for the children of San Francisco and their families, who are having emotional, interpersonal or behavior problems. It is one of the units of the recently organized Community Mental Health Services of the San Francisco Department of Public Health. The clinic itself has a long history, having been started in 1917 and was formerly known as "Division of Mental Hygiene, 101 Grove Street". Over the years it has changed and we hope that it will continue to change and grow to meet the needs of children and families in the community.

The clinic is located at Room 324 of the Health Department Building at 101 Grove Street, and is open from 8 a.m. to 5 p.m. Monday through Friday. The telephone number is UNderhill 1-4701 - Ext. 97. Although many of our referrals come from the Pub-Health Nurses and the schools, we accept referrals from all sources and anyone may call to ask about available services for a child.

In the diagnosis and treatment of emotional problems it is necessary to work directly with both the child and with adults in the child's family. Although we do see a few families for long term psychiatric help, we feel that we can best help meet community needs by offering a program of "emergency short term treatment" for families and children who are in a situation of crisis. The amount of time is limited to three months, but we feel that often much can be accomplished in this limited period of time toward helping the family and the child find a positive solution, rather than a negative one for the problems which brought about the crisis. We hope to get the family started on the road to dealing more constructively with the continuing and future problems of their lives.

In addition to these direct diagnostic and treatment services, we have developed a program of consultation services, mainly to the Public Health Nurses in our nine district Health Centers. A specially trained mental health consultant goes regularly to each of the Health Centers and consults with the District Medical Officer and the Public Health Nurses to help them with the many problems with which they are confronted in their daily work in homes and schools. Clinic staff members are also available, on adequate prior arrangement, to give talks to interested community groups, such as P.T.A. and church groups and parent groups at nursery schools.

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 24, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	7	45	118	162
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	2	2
GONORRHEA	53	35	440	385
INFECTIOUS HEPATITIS	2	0	21	35
INFLUENZA	0	-	6	57
MEASLES	15	34	107	37
MUMPS	14	28	99	277
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	1	1
SALMONELLOSIS	0	1	13	9
STREP. INFECTIONS	12	5	63	67
SYPHILIS	24	7	144	146
TUBERCULOSIS	5	10	68	87
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	0	1	4
POLIOMYELITIS (DISEASE YEAR)**		-	5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 2

	1961	1960
DEATHS RECORDED FOR THE WEEK	203	202
BIRTHS RECORDED FOR THE WEEK	405	327

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 6, 1961

1961

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HEALTHFUL HOUSING

It is quite consistent with our knowledge about the spread of disease to recognize that overcrowding and substandard housing conditions increase the probability of the transmission of various communicable diseases. In addition, various surveys and studies have proved that deteriorated steps, lack of handrails, dark stairways, improperly installed heating units and faulty wiring have resulted in numerous cases of home accidents. The dwelling which is inadequately heated in winter and which lacks ventilation in summer, or which lacks sunlight by day and good illumination by night, is not conducive to good health, nor is the home which is set in an area where its peace and contentment is constantly shattered by the noise and bustle of heavy industry or commercial traffic.

The Health Department, working with other code enforcement departments and community agencies, is engaged in a program to quicken the pace of correcting such substandard housing conditions in the South of Market, Mission and Western Addition areas. By enforcing its responsibilities as enacted in the San Francisco Health Code and the State Health and Safety Code, the Health Department seeks to correct as well as to prevent blight and deterioration of housing structures due to neglect, obsolescence, illegal conversion and improper use and occupancy. Many of the cases under surveillance by the Health Department at the present time as well as those involved in Urban Renewal and Slum Clearance programs take time to resolve, since the legal rights of the individuals concerned must be respected and recalcitrant cases must be referred for action to the proper authorities for final adjudication. But progress in correcting and abating substandard housing situations is being made.

Since the attitudes and habits of people are often involved in the creation of blight, it is important that there be a public awareness that the preservation of healthful housing is as much an individual responsibility as it is a public health necessity. In his day to day enforcement of housing and sanitary regulations, the health inspector seeks to enlist the cooperation of each home owner to take remedial action against housing code violations and by so doing prevent minor infractions from assuming major proportions. The extent to which each of us, whether owner or tenant, cooperates in this endeavor will measure our success in making San Francisco a more healthful and wholesome place in which to live.

STATISTICAL REPORT FOR THE 9th WEEK ENDING MARCH 3, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	11	45	129	189
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	3	2
GONORRHEA	45	35	485	426
INFECTIOUS HEPATITIS	4	1	25	40
INFLUENZA	1	-	7	57
MEASLES	30	24	137	45
MUMPS	24	42	123	319
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	1	2
SALMONELLOSIS	3	3	16	12
STREP. INFECTIONS	7	6	70	73
SYPHILIS	15	17	159	163
TUBERCULOSIS	11	14	79	103
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	1	6
POLIOMYELITIS (DISEASE YEAR)**	-		5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFLUENZA	1	RHEUMATIC FEVER	1
PNEUMONIA	7	TUBERCULOSIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	231	188
BIRTHS RECORDED FOR THE WEEK	530	369

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 13, 1961

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PUBLIC HEALTH AND THE AGING

A perusal of our list of "Deaths From Important Causes" from year to year in San Francisco reveals that while there may be a slight increase or decrease in one or other of the three leading causes, viz., heart disease, cancer and vascular accidents of the central nervous system, the total number of deaths from these causes remains largely the same. Nevertheless, we can anticipate a continuing rise in these diseases characteristic among older age groups. This is true primarily because of our increasing aged population forty five years of age and over. Fifty years ago 20.3% of our population was 45 years of age and over. In 1960 this figure had risen to 39.5%. The 65 and over age group increased from 3.8% in 1910 to 12.6% in 1960. This is our "population at risk" for deaths from these leading causes.

Until the fairly recent decades, our country was characterized by the youth of the people and during the first half of this century public health programs were directed toward conquering the common childhood diseases. Later on these programs were extended to the "whole child", including his physical, emotional and social development. Today, with a growing awareness of our need for improving adult health, medical and public health agencies are undertaking programs directed toward the prevention and control of the chronic diseases. All of these efforts are to the good and it is encouraging to note the steady increase in the widening scope of home care and rehabilitation programs. As with the childhood diseases, it is to be hoped that in the near future our present day efforts in regard to chronic diseases will be similarly extended toward an expanded program concerned with the "hygiene of aging", emcompassing all the complex areas of health, housing, recreation and employment as they relate to the aged.

We are becoming increasingly aware as the years go by that the problem of the proper care of our aged becomes more acute as the number of our older people continues to grow to larger proportions. Now is the time to meet the situation so that this growing segment of our population will not only be able to live more comfortably with their unavoidable infirmities, but also kept as happy and as productive as possible. This involves collaboration with industry, with various community agencies and with every resource that we can bring to bear on this problem.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 10, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	20	48	149	237
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	3	2
GONORRHEA	61	44	546	472
INFECTIOUS HEPATITIS	2	1	27	41
INFLUENZA	1	-	8	59
MEASLES	23	65	160	53
MUMPS	21	37	144	356
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	1	2
SALMONELLOSIS	1	2	17	14
STREP. INFECTIONS	3	9	73	96
SYPHILIS	21	12	180	176
TUBERCULOSIS	8	10	86	116
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	2	1	9
POLIOMYELITIS (DISEASE YEAR)**		-	5	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	6
SYPHILIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	217	219
BIRTHS RECORDED FOR THE WEEK	332	416

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL 1ST.

DOCUMENTS DEPT.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 20, 1961

DOCUMENTS DEPT.

FOOD FADDISM

As a nation, the American people are health conscious and eager for knowledge about health in all its aspects. We want to know about the latest developments in medical fields and the giant strides medicine is making today in treating disease. This increased interest has many public health benefits. But unfortunately this very receptiveness also creates a favorable climate for quackery with the result that millions of dollars are spent each year on various forms of pseudo-health products that have no relation to the promotion of good health. In fact, over reliance on these so-called health products may actually cause people to avoid or delay getting the proper medical attention they need at the time they need it.

One of the most widespread kinds of quackery today is in the field of nutrition, despite the fact that we in this country have a food supply that is unsurpassed in variety, volume and nutritional values. Actually, we have such a variety of quality foods in our modern day super-markets that one would have to go out of his way, nutritionally speaking, to avoid being well nourished. Yet thousands of people succumb each year to the propaganda that the food they eat is worn out because it is grown on substandard soils, or is poisoned by artificial fertilizers and robbed of its nutrients through overprocessing by food manufacturers. In the search for health assurance, these same people fall prey to the sophisticated approach of the modern day food supplement salesmen, diet faddists or phony health lecturers whose topics run the full gamut from "sluggish blood" to "subclinical deficiencies" and whose products are "guaranteed" to cure everything from acne to sterility.

Actually, there is no one "best" pattern of eating nor is there any one particular food which is exclusive in promoting health and well being. Good nutrition depends basically upon securing sufficient amounts of the specific nutrients and it makes no difference whether the required proteins come from beef or grasshoppers or the ascorbic acid is derived from oranges or potatoes, as long as we are getting the necessary proteins or ascorbic acid. Much remains to be done in the way of health education in the field of nutrition to counteract the flood of misinformation and half-truths being thrust daily upon a gullible public. In the meanwhile, a common sense belief in the standards set by the Food and Drug Administration, in the integrity of our food manufacturers together with a good amount of skepticism regarding the claims made for the so-called "miracle" foods will prove most effective in limiting the effects of the food faddist.

STATISTICAL REPORT FOR THE 11th WEEK ENDING MARCH 17, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	14	69	163	279
Diphtheria	0	0	0	0
Epidemic Meningitis	1	0	4	2
Gonorrhea	53	32	599	520
Infectious Hepatitis	3	1	30	43
Influenza	0	-	8	60
Measles	35	37	195	64
Mumps	25	38	169	390
Poliomyelitis	2	0	2	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	0	0	1	3
Salmonellosis	0	1	17	14
Strep. Infection	10	8	83	104
Syphilis	26	15	206	208
Tuberculosis	7	9	93	125
Typhoid Fever	0	0	0	0
Whooping Cough	1	1	2	10
Poliomyelitis (Disease Year)**	-		7	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Epilepsy	1
Pneumonia	6
Tuberculosis	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	219	225
BIRTHS RECORDED FOR THE WEEK	417	308

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

DOCUMENTS

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 27, 1961

THE EYE CENTER

The purpose of the Health Department's Eye Center is to provide diagnostic services to pre-school and school-age children for the early detection of vision defects. The services in the Eye Center include an examination by an opthalmologist of any eye defects which are suspected and parent education and counselling. Children may be referred to the Eye Center by private or Health Department physicians, public health nurses, parents or community agencies. After examination by the opthalmologist, the child is referred to private care, a clinic, or if funds are limited, and special services are needed, to Crippled Children's Services for care. If indicated, home visits are made by the public health nurse to assist the parents with any necessary follow-up advice.

The chief source of referrals to the Eye Center is the vision screening program, conducted in the public and parochial schools by the public health nurses and two vision screening technicians. Approximately 75,000 examinations are done on school children in the first, third, seventh and tenth grades each year. During the past year, 3132 of these school children were referred to the Eye Center for various forms of eye defects, including 250 children who were cross-eyed and 1000 children with near-sightedness of varying degrees.

Clinical observation of the children examined by our opthalmologist at the Eye Center over the past five years indicates that the fine screening program carried out by the public health nurses and the vision screening technicians is paying dividends. In the past it was not uncommon to detect new cases of amblyopia, (poor vision in an eye due to lack of use,) in children at the age of eight years and older. Treating amblyopia after the age of eight years becomes increasingly difficult. In the past several years the only newly diagnosed amblyopia cases in this older group are those children who have transferred to San Francisco schools from outside the city.

In addition, an important emphasis of the eye center continues to be on parent education and the number and response of parents who accompany their children has been very encouraging. This makes it possible to discuss the child's condition and to stress the importance of proper follow-up at the time of examination. It is gratifying to note that San Francisco's vision screening program is unique among the cities in the United States and its effectiveness has helped many a child's vision in the vital formative years because of early diagnosis and referral.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 24, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	36	51	199	351
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	4	2
GONORRHEA	40	38	639	569
INFECTIOUS HEPATITIS	4	1	34	45
INFLUENZA	0	-	8	62
MEASLES	45	68	240	74
MUMPS	13	38	182	428
POLIOMYELITIS	0	0	2	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	1	3
SALMONELLOSIS	0	1	17	15
STREP. INFECTION	6	7	89	115
SYPHILIS	15	16	221	225
TUBERCULOSIS	9	7	101	132
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	2	11
POLIOMYELITIS (DISEASE YEAR)**	-		7	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

EPILEPSY	1
PNEUMONIA	5

	1961	1960
DEATHS RECORDED FOR THE WEEK	221	209
BIRTHS RECORDED FOR THE WEEK	465	443

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 3, 1961

THE ADULT GUIDANCE CENTER'S TENTH ANNIVERSARY

The month of April marks the tenth anniversary of the Health Department's Adult Guidance Center, one of the first voluntary psychiatric outpatient rehabilitation clinics for the treatment of people with a drinking problem and recognized as one of the best centers of this kind in the country. The clinic's active case load averages approximately 450 with about the same number of patient visits per week. The patients represent a fair cross section of the city's population according to social and economic levels with the exception of the upper income group who are able to pay for private sanitaria or medical care. Patients are referred to the clinic from Alcoholics Anonymous, psychiatric clinics, private physicians, the courts, social agencies, former patients, friends, relatives, the District Attorney's office, probation and parole offices, employers, unions and other similar sources.

The aim of the clinic has been to retard or prevent progressive deterioration of health and personal and occupational relationships. To help fulfill this aim the clinic attempts to tailor treatment to each individual's specific problem. Thus every patient is evaluated as an individual and a broad spectrum of treatment is available. The Adult Guidance Center is not an acute medical emergency treatment center as such in order to concentrate on its primary function as a rehabilitation center. The treatment program has gradually become more intensive over the years and more directed toward helping the patient overcome the underlying emotional problem which may lead the individual to medicate himself with alcohol. The patients thus learn that they are collaborators with the clinic in working on their problem.

The following table indicates the services offered to patients from July 1, 1959 to June 30, 1960:

PATIENTS ADMITTED TO TREATMENT	1,128
TOTAL PATIENT VISITS	30,525
PHYSICIAN INTERVIEWS, EXAMINATION & TREATMENT	20,800
REGISTERED NURSE INTERVIEWS, ADMINISTRATION OF PRESCRIBED MEDICATIONS	23,857
INDIVIDUAL PSYCHOTHERAPY (HOURS)	4,920
GROUP PSYCHOTHERAPY (HOURS)	1,968
APPLICATION INTERVIEWS	2,947
MISCELLANEOUS CONSULTATIONS, PSYCHOLOGICAL TESTING, ETC.	895
PATIENT ATTENDANCE AT ALCOHOLISM EDUCATION LECTURES.	986

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We feel that the people of San Francisco may be justly proud of the accomplishments of the Adult Guidance Center over the past ten years and the recognition it has received from local, state and national medical and public health authorities.

STATISTICAL REPORT FOR THE 13th WEEK ENDING MARCH 31, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	20	60	219	411
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	4	2
GONORRHEA	50	41	689	623
INFECTIOUS HEPATITIS	2	1	36	47
INFLUENZA	0	-	8	64
MEASLES	58	90	298	88
MUMPS	6	44	188	469
POLIOMYELITIS	0	1	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	1	4
SALMONELLOSIS	1	0	18	17
STREP. INFECTION	8	9	97	134
SYPHILIS	16	13	237	238
TUBERCULOSIS	10	10	111	137
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	0	2	11
POLIOMYELITIS (DISEASE YEAR)**		-	7	13

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

HEPATITIS, INFECTIOUS	1
PNEUMONIA	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	190	222

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

APRIL 10, 1961

"ACCIDENTS NEED NOT HAPPEN"

World Health Day, observed each year on April 7th, marks the anniversary of the Constitution of the World Health Organization in 1948. The theme chosen for 1961 is "Accidents Need Not Happen" and has for its object to awaken governments and their peoples to the growing number and seriousness of accidents everywhere, the inadequacy of present prevention measures and the need for quick action to fight this scourge of our times.

Too many parents, unfortunately, still unthinkingly accept accidents as misfortunes over which they have little or no control. "Accidents will happen", they say, as if that fatalistic phrase excused everything, failing to recognize that the accident could also have been avoided. Yet we know from studies that have been made on the subject that each accident is the outcome of a chain of circumstances and that the majority of them happen in situations which are usually thought of as being "safe". This is particularly true of home accidents. Simple things such as a bottle of aspirin left lying on a table, a pot of boiling water with its handle within reach, an easily accessible sharp tool, a faulty or unprotected electric cord will make more cripples and kill more children this year than will poliomyelitis and tuberculosis together, yet almost all these accidents could be avoided by a little extra vigilance and a few simple precautions.

Because accidents within and without the home are never the result of pure chance, because they generally occur in certain circumstances with more or less predictable frequency, our present best hope for accident prevention must lie in educating our children in safety. Up to the age of two years, the infant needs complete protection from all accident hazards. After this age, parental protection must be gradually replaced by a step by step educational process to enable the child to live safely with, rather than without the common hazards that may occur in and about the home. In this continuing process of safety education the parent must avoid crediting the child with more intelligence than he possesses or assuming that he is unable to think and act for himself, so that when school and play take the child away from the protection of the parent, he will be ready to cope with all but the most subtle and incomprehensible hazards. The child instinctively looks to his parents for his security. It is they who must provide the supervision, inculcate the simple safety measures, remove hazards and set good example. There is no doubt that accidents are fewer following any efforts to make children realize the dangers they encounter in their everyday lives. Education offers our foremost hope of overcoming this great malady of our times.

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 7, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	22	53	241	464	RHEUMATIC FEVER	0	0	1	4
DIPHTHERIA	0	0	0	0	SALMONELLOSIS	5	2	23	18
EPIDEMIC MENINGITIS	0	0	4	2	STREP. INFECTION	9	10	106	149
GONORRHEA	51	34	740	678	SYPHILIS	17	11	254	243
INFECTIOUS HEPATITIS	5	1	41	50	TUBERCULOSIS	7	13	118	154
INFLUENZA	0	-	8	65	TYPHOID FEVER	0	0	0	0
MEASLES	71	51	369	103	WHOOPING COUGH	2	0	4	11
MUMPS	8	33	196	490					
POLIOMYELITIS	0	0	2	1	POLIOMYELITIS (DISEASE YEAR)**	-		0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

			1961	1960
NOCARDIOSIS	1	DEATHS RECORDED FOR THE WEEK	184	183
PNEUMONIA	2	BIRTHS RECORDED FOR THE WEEK	312	339

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

APRIL 17, 1961

OUR CHANGING PATIENT - THE COMMUNITY

The Health Department's patient is the community it serves. Therefore we are vitally interested in all changes which may affect this patient of ours. One device which reveals some of these changes is the census which the Federal Government obliges us with every ten years. Thus according to the census taken in 1960, we find that our San Francisco population which was 775,357 in 1950, has dropped to 740,316. Furthermore, it revealed that the total white population in our city dropped from 693,888 (89.5%) to 604,403 (81.6%). As occurred elsewhere in the country, the percentage of males decreased in this ten year period from 50.3 to 49.1. We have therefore a preponderance of females (50.9%) for the first time in our history. Another of the changed characteristics of our community patient is the increase in the percentage of people in the older age groups. In 1950, 9.6% of our population was 65 years of age or over. In 1960 this figure rose to 12.6% as compared to 8.8% in California. In the next ten years, in all probability, the number of our aged residents will continue to increase which in turn means that we must continue to think in terms of expanded services in the areas of chronic diseases, housing and home care programs for the aged.

In line with the decrease in total population during the past ten years, there has been a decrease in births to white residents of San Francisco. This, we believe, is a reflection on the fact that there is an increasing number of people of child-bearing age in the non-white population, along with a tendency toward either a stabilization or a decrease in the number of white persons of child-bearing age. Both the younger and older people are significant in terms of needed health services. It is they who find it economically difficult to provide for themselves necessary medical services and on the other hand, by reason of their cultures, attitudes and perhaps lack of health education, they fail to recognize the need for early diagnosis. Certainly many of them fail to recognize the need for preventive medical services.

All this is indicative of the fact that, though our community-patient is fairly healthy, his profile has changed noticeably over the past ten years. This in turn necessitates changes not only in the availability and kinds of our services, but also a need for increased effort on our part to motivate these people to secure therapeutic or preventive services before their health problems reach a point where little or nothing can be done about them.

STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 14, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	31	51	272	503
Diphtheria	0	0	0	0
Epidemic Meningitis	1	0	5	2
Gonorrhea	55	41	795	723
Infectious Hepatitis	1	2	42	52
Influenza	0	-	8	66
Measles	148	57	517	115
Mumps	29	34	225	512
Poliomyelitis	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	0	0	1	5
Salmonellosis	3	0	26	20
Strep. Infection	4	4	110	163
Syphilis	32	11	286	254
Tuberculosis	9	13	126	160
Typhoid Fever	0	0	0	0
Whooping Cough	1	1	5	11
Poliomyelitis (Disease Year)**	-		0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	1
Tuberculosis	1

	1961	1960
Deaths recorded for the week	185	167
Births recorded for the week	407	380

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

24/61

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

APRIL 24, 1961

YOU'RE SAFER IN A SEAT BELT

Individually, most of us seem to resist safety measures unless and usually until they relate to some very recent unfortunate experience that directly or indirectly affects us or our wallets. But slowly and surely, we are becoming aware in these days of high cost insurance and medical care that any preventive measure that will materially reduce death and injury from motor vehicle accidents is well worth our consideration. One such device, which can be easily and economically installed in all makes and models of cars, is the seat belt. Of course, a seat belt is not a panacea to save one's life in all types of accidents. But it has been proved beyond a reasonable doubt that in the majority of accidents, the seat belt is effective in minimizing injuries and reducing the number of deaths among car occupants. This fact has been well documented by crash injury research and by experience on the highway. It has been pointed out by the Cornell Medical College Crash Injury Research Program that:

1. If you have an accident in a car and are not thrown out, your chances of being hurt increase by two and one-half times if you are not wearing a seat belt; your chances of a potentially fatal injury are three and one-half times greater without a seat belt.

2. If you have an accident in a car and are thrown out (no seat belt), your chances of being injured are two and one-half times greater than persons wearing seat belts and not thrown out. Under similar conditions, however, your chances of being killed if thrown from the car are eight times greater than those of the person wearing a seat belt.

The use of seat belts is but one preventive aspect of a complex problem of traffic safety which involves all segments of the community, including official and voluntary agencies, schools in their driver-training courses, and industry. Each of us individually, and in our official and/or professional capacity can contribute to the lessening of this problem by doing what we can toward encouraging the use of seat belts whenever and wherever possible. A good beginning would be for each of us to set an example by installing and using them in our own car.

STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 21, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	12	50	284	524
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	2
GONORRHEA	61	28	856	782
INFECTIOUS HEPATITIS	3	0	45	53
INFLUENZA	0	-	8	67
MEASLES	73	77	590	126
MUMPS	15	43	240	543
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	1	5
SALMONELLOSIS	1	1	27	20
STREP. INFECTION	2	7	112	170
SYPHILIS	18	18	304	278
TUBERCULOSIS	5	13	131	172
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	4	0	9	11
POLIOMYELITIS (DISEASE YEAR)**	-		0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	4

	1961	1960
DEATHS RECORDED FOR THE WEEK	193	169
BIRTHS RECORDED FOR THE WEEK	383	368

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 1, 1961

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PSYCHIATRIC CONTRACTUAL SERVICES

Mental Health Week this year coincides with the beginning of additional psychiatric services to residents of San Francisco. This is the culmination of two years of negotiation between the city and the psychiatric outpatient clinics of St. Mary's, St. Francis' and Children's Hospitals. Beginning May 1, 1961, any resident of San Francisco who is unable to obtain private care is eligible for these services and will be charged a small fee on a weekly basis according to his ability to pay. Referral may be made directly to these clinics. It is hoped that the coming fiscal year may show an additional 10,000 clinic visits from these three clinics. The clinics will be reimbursed by the city according to the terms of the contract and at no more than actual cost. The State of California in turn will reimburse the City and County of San Francisco 50% of this amount under the terms of the Short-Doyle Act. The program will be administered by the Chief of the Community Mental Health Services, and he will review the clinic programs quarterly to assure adequate standards of treatment and records.

In addition, the Psychiatric Day Center of San Francisco, a private day hospital, has signed a contract to furnish psychiatric rehabilitation services to persons too emotionally ill to use the usual out-patient clinic care, but not sick enough to warrant 24 hour hospitalization. Patients may have half or full day programs up to five days per week. This is a valuable and much needed treatment service. The Center may give approximately 3,300 patient days of service during the coming year. Financial and administrative arrangements are similar to those described for the clinics mentioned above.

After this expansion of program, the Community Mental Health Services will provide care for about 1,800 patients per month and also give consultation services to other agencies.

STATISTICAL REPORT FOR THE 17th WEEK ENDING APRIL 28, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	22	48	306	555
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	2
GONORRHEA	56	42	912	828
INFECTIOUS HEPATITIS	3	2	48	54
INFLUENZA	0	-	8	70
MEASLES	126	102	716	145
MUMPS	20	41	260	580
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	1	0	2	5
SALMONELLOSIS	2	1	29	20
STREP. INFECTION	10	7	122	179
SYPHILIS	26	13	330	290
TUBERCULOSIS	13	15	141	189
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	0	10	12
POLIOMYELITIS (DISEASE YEAR)**		-	0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3

	1961	1960
DEATHS RECORDED FOR THE WEEK	186	202
BIRTHS RECORDED FOR THE WEEK	446	293

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 8, 1961

MASS POLIO IMMUNIZATION PROGRAM

Poliomyelitis, like other diseases is cyclic in its behavior. The fact that we have had several low incident years increases the chances of a high incident year this coming season. There is no reason to believe that the present level of immunity is high enough to alter this fact. For this reason the Department of Public Health, San Francisco Medical Society, San Francisco Hospital Conference and National Foundation have combined forces to encourage a mass immunization program which will be undertaken the weeks of May 8, May 22, and June 19. People can secure a full course of 3 shots by starting the first week. Those who have had less than 3 shots in the past - or who haven't had a booster within the past year should have a full course. A single booster shot can also be given if this is indicated. Each injection will be on an at cost basis of $1.00. Free injections for those unable to meet this fee will be given at Central Health Center (101 Grove Street, Monday, Wednesday and Thursday from 5 PM to 8 PM.) The regular $1.00 per shot sites are:

HOSPITALS: MONDAY THROUGH FRIDAY (CHECK FOR HOURS)

CHILDREN'S
GOLDEN GATE
FRANKLIN
KAISER
MARY'S HELP
MT. ZION
PRESBYTERIAN
ST. LUKE'S
UNIVERSITY OF CALIF.
ST. JOSEPH'S

HEALTH CENTERS: MONDAY, WEDNESDAY AND THURSDAY (5 PM TO 8 PM)

ALEMANY
EUREKA-NOE
HUNTERS POINT
MARINA-RICHMOND
MISSION
NORTHEAST
SUNSET
WESTSIDE
TELEGRAPH HILL CLINIC

EMERGENCY HOSPITALS: MONDAY THROUGH FRIDAY (10 AM TO 1 PM)

ALEMANY
CENTRAL
HARBOR
MISSION
PARK

OTHER LOCATIONS: MONDAY THROUGH FRIDAY

UNION SQUARE
ZELLERBACH PLAZA
ST. MARY'S SQUARE — 11 AM TO 2 PM

SAN FRANCISCO MEDICAL SOCIETY
250 MASONIC AVENUE — 9 AM TO 5 PM; SATURDAY, 9 AM TO 12 NOON

OVERSEAS MEDICAL CENTER, 40 CALIFORNIA ST. — 9 AM TO 5 PM.

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STATISTICAL REPORT FOR THE 18TH WEEK ENDING MAY 5, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	10	37	316	586
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0:	6	3
GONORRHEA	67	37	979	865
INFECTIOUS HEPATITIS	3	2	51	56
INFLUENZA	0	-	8	71
MEASLES	166	73	882	167
MUMPS	10	30	270	614
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	2	5
SALMONELLOSIS	0	1	29	21
STREP INFECTION	14	7	136	189
SYPHILIS	19	15	349	314
TUBERCULOSIS	12	8	153	196
TYPHOID FEVER	1	0	1	0
WHOOPING COUGH	1	1	11	13
POLIOMYELITIS (DISEASE YEAR)**		-	0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	156	186
BIRTHS RECORDED FOR THE WEEK	424	360

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 15, 1961

MUSSEL AND CLAM POISONING

This is the time of the year when mussels and clams are a serious hazard when eaten by man. To protect Californians from the deadly poison present in these shellfish during the summer and early autumn, the annual quarantine of mussels for human consumption is now in effect extending through the month of October. This quarantine is established along the entire coast of the state, including San Francisco Bay. Records show that during the last 20 years in California, 43 cases and 8 deaths have been traced to mussel poisoning. In 1928, 1933 and 1939, clams were sources of a total of 20 cases with 5 deaths. While the incidence of shellfish poisoning is not high, the high mortality from the toxic poison when cases do occur, emphasizes the need for prevention.

Symptoms of poisoning are entirely of nervous origin and may begin immediately after eating. A prickly feeling in the lips, the tongue and the finger tips, followed by numbness are the first signs of poisoning. An unsteady gait and other lack of muscular coordination and finally ascending paralysis mark the progress of the poisoning with death from respiratory failure in two to twelve hours after consumption of the shellfish. The source of this poison is Gonyaulax catenella, a microscopic organism found in plankton, which serves as food for mussels and clams. In warm weather the organism may multiply to such an extent that the water is a deep rust red color. While the poison does not appear to be harmful to the mussel, it can prove fatal to man when he consumes the toxic shellfish. Chemically, the poison is similar to strychnine, and is one of the strongest poisons known. Because it is heat stable, cooking by boiling or steaming does not destroy the poison. In fact, death has been known to occur 15 minutes after eating boiled mussels.

During the quarantine period mussels may be used for bait, but must be broken open and placed in containers plainly marked "Mussels may contain poison. Unfit for human food". As the toxic shellfish cannot be distinguished in appearance from the harmless ones, the only safe rule to follow is: DO NOT EAT THE MEAT NOR DRINK THE JUICE OF MUSSELS OR CLAMS FROM OUR COASTAL WATERS BETWEEN MAY 1 AND NOVEMBER 1.

STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 12, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	20	33	336	608
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	6	3
GONORRHEA	59	30	1038	928
INFECTIOUS HEPATITIS	2	1	53	60
INFLUENZA	0	-	8	71
MEASLES	95	53	977	185
MUMPS	3	43	273	649
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	2	5
SALMONELLOSIS	4	1	33	22
STREP. INFECTION	10	5	146	196
SYPHILIS	17	13	366	335
TUBERCULOSIS	14	12	166	213
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	1	0	12	13
POLIOMYELITIS (DISEASE YEAR)**		-	0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

HEPATITIS, VIRAL	1	PNEUMONIA	2
MENINGOCOCCEMIA	1	TUBERCULOSIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	167	203
BIRTHS RECORDED FOR THE WEEK	406	383

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 22, 1961

OUR MUNICIPAL HOSPITALS

During this year's recognition of community service by our hospitals, it seems appropriate to take note of improvements at our city-county institutions operated by the San Francisco Department of Public Health. The San Francisco General Hospital soon will have a total of 612 beds available in four buildings for the care of acute medical and surgical patients. Of these, 277 beds are provided in two recently renovated buildings which provide facilities equivalent to semi-private accommodations found in some of the well operated voluntary hospitals. Additional beds are available for pediatrics, obstetrics, contagion and psychiatry. Concentrated efforts are being directed to the prompt transfer of victims of stroke from the General Hospital to the rehabilitative services of the Laguna Honda Home. Improved facilities, equipment and personnel are available in Laguna Honda to carry on this important phase of care for patients. Early treatment is making it possible to return these patients to their original environment where their convalescence is hastened. We are aware of the trend toward a growing senior population which will increase the need for medical and hospital services. However, the proper application of home care services will do much to minimize the need for additional beds.

Expected budgetary appropriations will help bring about an improvement in the number of nursing hours of care to patients, primarily in the General Hospital and Laguna Honda Home. Such improvement coupled with better facilities and additional equipment will ease the burden of work previously carried by a minimal staff and improve esprit de corps among the hospital personnel, thus permitting quality care to patients and facilitating the task of recruitment of new personnel.

In the coming months, the hospital facilities of the City and County will play a major role in the regional planning which will be developed by a council to be authorized by the Legislature. The role of the hospitals will be more clearly defined as a result of required community planning. Undoubtedly, replacement of inadequate and depreciated facilities will be recommended, and the addition of a formal out-patient department will result. Through the office of Assistant Director of Public Health - Hospital Services, a closer liaison with the Health Advisory Board, the United Community Fund, the San Francisco Hospital Conference and other hospital facilities will be made in behalf of the City and County Hospitals.

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 19, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	23	50	359	658
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	7	3
GONORRHEA	59	31	1097	959
INFECTIOUS HEPATITIS	3	1	56	61
INFLUENZA	0	-	8	73
MEASLES	139	89	1116	195
MUMPS	5	35	278	675
POLIOMYELITIS	0	0	2	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	2	5
SALMONELLOSIS	2	1	35	22
STREP. INFECTION	11	5	157	198
SYPHILIS	20	15	386	354
TUBERCULOSIS	14	12	180	226
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	0	12	17
POLIOMYELITIS (DISEASE YEAR)**	-		0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MUMPS	1
PNEUMONIA	3
TUBERCULOSIS	3

	1961	1960
DEATHS RECORDED FOR THE WEEK	207	208
BIRTHS RECORDED FOR THE WEEK	378	324

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MAY 29, 1961

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IMPORTANT CAUSES OF SAN FRANCISCO RESIDENT DEATHS BY SEX, WITH RATES PER 100,000 POPULATION, 1960

CAUSE OF DEATH	MALE Number	MALE Rate*	MALE Percent	FEMALE Number	FEMALE Rate*	FEMALE Percent
ALL CAUSES	5659	1557.1	100.0	4166	1105.4	100.0
Heart Disease	2182	600.4	38.6	1589	421.6	38.2
Malignant Neoplasms	922	253.7	16.3	780	207.0	18.7
Vascular Lesions of C.N.S.	460	126.6	8.1	501	132.9	12.0
Accidents	315	86.7	5.6	177	47.0	4.3
Cirrhosis of Liver	309	85.0	5.5	153	40.6	3.7
Influenza and Pneumonia	177	48.7	3.1	119	31.6	2.9
Suicides	141	38.8	2.5	79	21.0	1.9
Diseases of Early Infancy	138	38.0	2.4	88	23.3	2.1
Arteriosclerosis	97	26.7	1.7	100	26.5	2.4
Ulcers of Stomach & Duodenum	64	17.6	1.1	26	6.9	0.6
Diabetes	60	16.5	1.1	56	14.9	1.3
Tuberculosis	59	16.2	1.0	17	4.5	0.4
Congenital Malformations	33	9.1	0.6	39	10.3	0.9
All Other	702	193.2	12.4	442	117.3	10.6

The United States Census of April 1, 1960 showed San Francisco for the first time having more females than males. The sex distribution shifted from 50.3% for males in 1950 to 49.1%, with 363,424 men and 376,892 women in 1960. Although the first six ranking causes for deaths for men and women are the same, there are consistent and important differences in the mortality rates. Heart disease as a percent of all deaths is nearly the same for the sexes, but the rate for males is nearly half again as high as that for females. The death rate for cancer is nearly 254 for men as against 207 for women. Similar comparisons can be made for accidents, cirrhosis of the liver, suicides, ulcers and tuberculosis. Thus, the higher number of male births each year (105 to 100 females) is countered by a higher death rate among males.

STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 26, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	24	34	383	692
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	7	3
Gonorrhea	65	47	1162	1009
Infectious Hepatitis	7	1	63	63
Influenza	0	-	8	73
Measles	125	69	1241	202
Mumps	17	44	295	702
Poliomyelitis	2	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	0	0	2	5
Salmonellosis	4	2	39	26
Strep. Infection	5	8	162	210
Syphilis	23	19	409	373
Tuberculosis	11	13	191	239
Typhoid Fever	0	0	1	0
Whooping Cough	0	1	12	18
Poliomyelitis (Disease Year)**		-	2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	2
Rheumatic Fever	1
Tuberculosis	1

	1961	1960
Deaths recorded for the week	152	192
Births recorded for the week	397	384

* NORMAL EXPECTANCY BASED ON 5 FIVE YEAR MEDIAN

** DISEASE YEAR BEGINS ON APRIL 1ST

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 5, 1961

HEPATITIS - JAUNDICE

There has been a 3 - 4 time increase in reported cases of infectious hepatitis in San Francisco during the past 5 years. In 1960 a total of 144 cases were reported locally. However, there is no appreciable difference in the number of cases reported to date this year compared with the same period in 1960 (see table below). There has been a nationwide increase in infectious hepatitis with a doubling of reported cases for the first five months of 1961 compared with a similar period in 1960. The U. S. figures for the period January through May show approximately 37,000 for 1961 and 17,000 for 1960. The California State figures for the same five months were about 2,600 in 1961 as against 1,700 in 1960. Inasmuch as there are no immunization procedures and no specific methods of treatment, infectious hepatitis constitutes an important public health problem.

The word jaundice is derived from the French "jaune", meaning yellow, which describes the color of the skin and mucous membranes produced by an accumulation of metabolic products a malfunctioning liver (Latin "hepar") is not able to handle. We can see that jaundice by definition and derivation means yellow; therefore the common expression "yellow jaundice" is redundant, meaning "yellow yellow". Itis, as we know, means inflammation, and so hepar plus itis equals hepatitis, an inflammation of the liver. Not all such inflammatory processes necessarily interfere sufficiently with the liver's functions to produce a jaundice. Inflammations can be infectious as the common infectious hepatitis produced by a particular virus; or non-infectious, as in chronic alcoholism. Some infectious hepatitis patients do not have jaundice, but can, nevertheless, transmit the disease.

Infectious hepatitis is transmitted via close person-to-person contact. No animal reservoir has been described. Although it is known to be spread by fecal contamination, epidemiologic information supports the concept that the disease can be transmitted in another manner. While cleanliness and other sanitary measures would help control infections transmitted by the former route, it would not be of much value in respiratory dissemination. It is for this reason that close household contacts of diagnosed cases should secure some temporary protection with the use of gamma globulin. The disease is associated with a prolonged convalescence. Even after apparent cure, there still may be residual damage reducing the liver's capacity for work. Therefore, the organ is given as much rest as possible by limiting activities, restricting diet and abstaining from alcohol.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING JUNE 2, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	36	38	419	730
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	7	3
Gonorrhea	71	30	1233	1064
Infectious Hepatitis	2	2	65	65
Influenza	0	-	8	73
Measles	238	54	1479	215
Mumps	23	30	318	725
Poliomyelitis	0	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	0	0	2	5
Salmonellosis	2	1	41	28
Strep. Infection	7	4	169	214
Syphilis	18	18	427	399
Tuberculosis	11	12	202	251
Typhoid Fever	0	0	1	0
Whooping Cough	1	0	13	1
Poliomyelitis (Disease Year)**	-		2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Poliomyelitis	1
Pneumonia	3

	1961	1960
Deaths recorded for the week	165	203
Births recorded for the week	386	391

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 12, 1961

TUBERCULOSIS CASE FINDING BY X-RAY SURVEY IN SAN FRANCISCO IN 1960

During 1960 there were 116,729 chest minifilms taken by the combined facilities of the San Francisco Medical Society, the Mobile Unit of the San Francisco Tuberculosis Association, and the San Francisco Health Department. A total of 174 active cases of tuberculosis was discovered, of which 154 were previously unknown. The Medical Society unit discovered 10 unknown active cases in 18,095 films. The Mobile Unit took 54,847 films in community and industrial survey projects, finding 46 active cases, of which 45 were previously unknown.

The Health Department unit at 101 Grove Street took 29,098 minifilms finding 43 active cases of which 39 were previously unknown. This group includes only those who admit no contact with the disease and who have no symptoms. There were 460 contacts examined yielding 13 new cases. In addition, 1,044 individuals with symptoms requested a chest film. Since the incidence of suspicion is very high in such a group, large chest films were taken revealing 57 with active tuberculosis, of whom 40 were previously unknown. Furthermore, 217 of the 1,044 were found to have inactive tuberculosis. Of the total 30,602 chest films taken by this unit, 113 active cases were found, of which 92 were previously unknown.

The Admission Chest X-ray program at San Francisco General Hospital took 9,568 films, finding 49 active cases. The Jail X-ray program had a yield of about 4.89 active tuberculosis cases per 1,000 inmates examined, or 22 active cases for 4,495 films taken. There were four previously unknown active cases found by the unit at the North East Health Center. These three programs, the result of the cooperative efforts of the San Francisco Tuberculosis Association and the Health Department, find active tuberculosis in people in whom it is not suspected by the personnel caring for them. As a result, personnel, patients and inmates are protected from close and prolonged exposure to active tuberculosis, and thus the spread of the disease is controlled in the community.

The results of 1960 chest x-ray case finding have been good. Through the cooperative efforts of private physicians, the Medical Society, Tuberculosis Association and Health Department, x-ray case finding is confined to individuals, groups and areas of expected high incidence. This type of programming will increase the case yield, while decreasing repeated surveying of known low risk and low incidence groups and areas.

STATISTICAL REPORT FOR THE 23rd WEEK ENDING JUNE 9, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	28	34	447	791
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	7	3
Gonorrhea	67	34	1300	1112
Infectious Hepatitis	5	1	70	66
Influenza	0	-	8	73
Measles	251	70	1730	224
Mumps	7	31	325	756
Poliomyelitis	0	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	1	0	3	5
Salmonellosis	5	1	46	32
Strep. Infection	7	8	176	223
Syphilis	16	13	443	418
Tuberculosis	7	10	209	262
Typhoid Fever	0	0	1	0
Whooping Cough	1	1	14	22
Poliomyelitis (Disease Year)**		-	2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	5
Rheumatic Fever	2
Syphilis	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	228	183
BIRTHS RECORDED FOR THE WEEK	405	366

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 19, 1961

SOME IMPORTANT CAUSES OF DEATHS
San Francisco Residents
1950 and 1960

	1950			1960		
	NUMBER	PERCENT	RATE PER 100,000 POP.	NUMBER	PERCENT	RATE PER 100,000 POP.
ALL CAUSES	9294	100.0	1198.7	9825	100.0	1327.1
HEART DISEASE	3757	40.4	484.5	3771	38.4	509.4
MALIGNANT NEOPLASMS	1435	15.5	185.1	1702	17.3	229.9
VASCULAR LESIONS OF C.N.S.	879	9.5	113.4	961	9.8	129.7
ACCIDENTS	473	5.1	61.0	492	5.0	66.5
CIRRHOSIS OF THE LIVER	315	3.4	40.6	462	4.7	62.4
TUBERCULOSIS	269	2.9	34.7	76	0.8	10.3
INFLUENZA AND PNEUMONIA	252	2.7	32.5	296	3.0	40.0
SUICIDES	230	2.5	29.7	220	2.2	29.7
DISEASES OF EARLY INFANCY	207	2.2	26.7	226	2.3	30.5
ARTERIOSCLEROSIS	151	1.6	19.5	197	2.0	26.6
CONGENITAL MALFORMATIONS	87	0.9	11.2	72	0.7	9.7
DIABETES	86	0.9	11.1	116	1.2	15.7
ALL OTHER CAUSES	1153	12.4	148.7	1234	12.6	166.7

The increase in the crude death rate in San Francisco from 12.0 per 1,000 population in 1950 to 13.3 in 1960 is due to the 5.7% increase in the number of deaths and the 4.5% decrease in the total population. In both years, the three most frequent causes of death are chronic diseases, affecting chiefly people of middle and old age. Since 1950 there has been an increase of 6.7% in the number of persons 45 years of age and over and a striking 26% increase in those 65 and over. The "aging" of our population because of advances in medical knowledge is reflected in all causes of death; in 1950, 83% of all deaths occurred to people 45 and over and by 1960, 89% of all deaths were in this age group. In 1950, the average age at death for men was 59 years and in 1960 it was 62; the ages for women were 63 and 68 years respectively. It is interesting to note that the average age at death increased by three years for men and five years for women.

STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 16, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	33	46	480	845
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	7	4
GONORRHEA	57	32	1357	1167
INFECTIOUS HEPATITIS	4	1	74	69
INFLUENZA	0	-	8	73
MEASLES	191	47	1921	244
MUMPS	13	38	338	781
POLIOMYELITIS	0	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	3	5
SALMONELLOSIS	1	1	47	32
STREP. INFECTION	4	5	180	230
SYPHILIS	9	11	452	435
TUBERCULOSIS	9	8	217	268
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	4	0	18	22
POLIOMYELITIS (DISEASE YEAR)**	-		2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMOCOCCAL MENINGITIS	1
PNEUMONIA	6
SYPHILIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	191	200
BIRTHS RECORDED FOR THE WEEK	433	423

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 26, 1961

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SUMMER HAZARDS

The end of school and the beginning of the summer vacation time bring a new set of hazards to San Francisco families. For the child home from school, the accident dangers in and about the home are increased simply from his spending more time at home. His abundant energy, unthinking recklessness and propensity for "getting into things" all contribute to his chance of having an accident. As always, the ultimate responsibility for the child's safety rests with the parents to whom the child looks for his security. As parents we owe it to our children to teach them the simple basic common sense elements of safety and to show how they can have fun and at the same time avoid being reckless. While it is true we can neither caution nor watch children every minute, we can intensify our usual vigilance during this season. Certainly an important precautionary measure is a thorough check of the home and its environs for dangerous objects or hazardous situations. The cluttered yard, abandoned trunk, the handy sharp tool or the exposed insecticide are examples of hazardous situations which are forgotten or unrecognized.

Inside the house, the dangers in the medicine cabinet, under the sink, in the purse or on the table should be noted and guarded against. And, the thin plastic bag used today to cover cleaned garments, food and other consumer goods is a dangerous weapon in the hands of children. The polyethylene material may cling to the child's nose and mouth, thus cutting off the supply of air. Plastic film is not a plaything and should never be left where children can have access to it.

There are two other serious hazards which parents should be aware of. One is the danger of traffic accidents. Children should be instructed to follow the necessary safety rules about crossing streets, getting off a bus or streetcar, obeying traffic lights, etc., and should be cautioned about running in the street or darting out behind parked cars. Adults behind the wheel should remember that children are not in school now and be particularly alert when driving. Finally, firecrackers and other forms of fireworks can be extremely dangerous. Every year at this time many tragic accidents occur as the result of play with seemingly "harmless" fireworks. Parents should see that all safety precautions are observed, or better yet, take their children to public fireworks displays.

STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 23, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	18	27	498	877
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	7	4
GONORRHEA	61	36	1418	1201
INFECTIOUS HEPATITIS	4	0	78	72
INFLUENZA	0	-	8	73
MEASLES	72	40	1993	266
MUMPS	10	23	348	812
POLIOMYELITIS	0	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	1	0	4	5
SALMONELLOSIS	0	1	47	33
STREP. INFECTION	5	3	185	233
SYPHILIS	13	14	465	457
TUBERCULOSIS	8	13	225	289
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	0	18	23
POLIOMYELITIS (DISEASE YEAR)**	-		2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

HEPATITIS, INFECTIOUS	1	PNEUMONIA	2
MEASLES ENCEPHALITIS	1	TUBERCULOSIS	2

	1961	1960
DEATHS RECORDED FOR THE WEEK	185	179
BIRTHS RECORDED FOR THE WEEK	396	479

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 3, 1961 254

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FISCAL YEAR 1961-62

On July 1, we started a new fiscal year in City government. The year ahead looks most promising as far as the health of the people of San Francisco and the ability of the Department of Public Health to meet its responsibilities for those whom we serve are concerned.

As we have said many times before, public health activities include not only those of the Department of Public Health but of other departments in City government, voluntary agencies, and groups of people working toward better health in our community and the individual efforts of each person in San Francisco.

This "organized community effort" has produced great advances during the past year. Its continuation during 1961-62 means further successes in the health of our community.

The three thousand employees of the Department of Public Health, the medical and allied professions, the voluntary health agencies, the thousands of volunteers who work at Laguna Honda Home and San Francisco General Hospital and in our preventive activities, the hours given by the Mental Health Advisory Board and the Health Advisory Board, the close cooperation by the Chief Administrative Officer, the Mayor's Office and the Board of Supervisors and other departments of City government comprise the resources which have produced a good year in 1960-61.

The administration of the Department extends its thanks to these people and to the press, radio, and television which have contributed immeasurably to the past year's successes.

STATISTICAL REPORT FOR THE 26th WEEK ENDING JUNE 30, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	12	21	510	889
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	7	4
GONORRHEA	58	35	1476	1231
INFECTIOUS HEPATITIS	3	1	81	76
INFLUENZA	0	-	8	73
MEASLES	60	39	2053	274
MUMPS	8	16	356	816
POLIOMYELITIS	0	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	1	0	5	5
SALMONELLOSIS	4	1	51	34
STREP. INFECTION	8	1	193	234
SYPHILIS	28	8	493	471
TUBERCULOSIS	12	10	237	299
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	2	0	20	25
POLIOMYELITIS (DISEASE YEAR)**		-	2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	2

	1961	1960
DEATHS RECORDED FOR THE WEEK	209	189
BIRTHS RECORDED FOR THE WEEK	362	456

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 10, 1961

A SAFE VACATION

Whether its a short excursion or a more extended vacation trip, a break in the daily routine and stress of modern living can be relaxing and enjoyable. But vacationers might well keep in mind that their chances of raising the mortality or morbidity statistics during the carefree summer months are uncomfortably high. Advance planning and the observance of basic safety precautions, however, can remove many of the hazards from the summer vacation jaunt. Accidents may happen, but a little foresight, common sense and moderation will prevent or lessen the severity of many of them.

Traffic accidents have spoiled many a vacation trip. A thorough safety check of the family car should help avoid an accident, but the human factor usually is more important than the mechanical factor. Know and observe the rules of good driving. Plan ahead - allow plenty of time to get where you're going and don't let yourself get too tired. If the unexpected accident does occur, the use of safety belts and door safety locks will prevent passengers from crashing against part of the interior or being thrown out. And, remember, while it is wise to take along items such as a flashlight and an up-to-date first aid kit, these and other objects can become dangerous projectiles in a sudden stop. Keep the car interior including the rear window shelf clear of loose objects.

Swimming and boating accidents result in many unnecessary tragedies every year. Swim where there is a lifeguard and with at least one other experienced swimmer. Never swim after eating or when tired or overheated. When boating be "water-wise" and observe all safety precautions. When around water, a working knowledge of artificial respiration, particularly mouth-to-mouth resuscitation, can be a life saver.

Poison Oak is a constant hazard to people on outings. The best means of prevention is to learn to recognize the shrub with its glossy, leathery-like leaves growing in clusters of three and avoid all contact.

A bad sunburn can be prevented by knowing your own skin and whether or not you burn easily, using a suntan preparation and then avoid overexposure. Watch out, too, for sunstroke and heat exhaustion.

Concern with vacation time hazards, wise planning and the observance of precautionary measures will help insure a safe and satisfying vacation for everyone.

STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 7, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	8	15	518	903
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	7	4
GONORRHEA	58	40	1534	1290
INFECTIOUS HEPATITIS	4	1	85	76
INFLUENZA	0	-	8	73
MEASLES	39	29	2092	278
MUMPS	8	14	364	829
POLIOMYELITIS	0	0	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	5	5
SALMONELLOSIS	4	1	55	37
STREP. INFECTION	5	2	198	237
SYPHILIS	14	21	507	503
TUBERCULOSIS	4	11	241	312
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	1	20	30
POLIOMYELITIS (DISEASE YEAR)**	-		2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	1
PNEUMONIA	3

	1961	1960
DEATHS RECORDED FOR THE WEEK	156	167
BIRTHS RECORDED FOR THE WEEK	327	318

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 17, 1961

RABIES

Rabies, often called hydrophobia, is an acute paralytic infection affecting the nervous system including the brain and spinal cord, which once it develops, is always fatal. The virus is usually injected into another animal or person by the bite of an infected animal. The incubation period of time between exposure and onset of symptoms may vary from two to six weeks and even longer, depending on the extent of the laceration and the site of the wound. Once the infection develops, the disease is characterized by excitable behavior, convulsive seizures, progressive paralysis and death. A person bitten by a rabid animal must have a long series of vaccine injections (Pasteur treatment) to save his life and the vaccinations must be begun as soon as possible after exposure. Dogs formerly accounted for the largest percentage of rabies cases in California, but this pattern has changed during the past ten years with the increased vaccinations of dogs, until now most of the confirmed cases are found to be in wildlife, particularly skunks and bats. Moreover, though the incidence of the disease is fairly uniform throughout the year, more animal cases are reported during the warm weather months when animals are wandering and therefore there is greater possibility for exposure at this time.

While we in San Francisco have been fortunate in not having a local case of rabies for many years, it is well to remind ourselves that this county is surrounded by areas in which animal rabies is prevalent. No less than forty-one of California's fifty-eight counties have been declared "rabies areas" by the State Department of Public Health. This fact is particularly significant during these summer months when many families will be going on vacation, camping trips, hikes and picnics into other parts of the state. To avoid exposure to rabies the following precautions should be observed:

(1) If you are taking a dog with you, have him vaccinated against rabies. This not only protects the dog, the members of the family and others, but also allows the dog to move about freely without danger.

(2) Caution children against playing with stray dogs, or handling wild animals of any kind, especially if the latter appear to be dead, sleeping, wounded or behaving abnormally.

(3) Avoid sleeping on the ground in the open. Much greater safety is provided by sleeping in a tent, firmly anchored to the ground and with the flaps securely closed.

(4) All animal bites should be immediately washed thoroughly with copious amounts of soap and running water. Then report the cases to a physician at once.

STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 14, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	4	22	522	925
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	7	4
GONORRHEA	62	31	1596	1321
INFECTIOUS HEPATITIS	3	1	88	76
INFLUENZA	0	-	8	73
MEASLES	36	26	2128	291
MUMPS	5	15	369	844
POLIOMYELITIS	0	0	4	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

EPILEPSY	2	PNEUMONIA	3

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	5	5
SALMONELLOSIS	2	2	57	39
STREP. INFECTION	4	4	202	245
SYPHILIS	11	8	518	528
TUBERCULOSIS	6	7	247	322
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	4	20	34
POLIOMYELITIS (DISEASE YEAR)**	-		2	0

	1961	1960
DEATHS RECORDED FOR THE WEEK	195	147
BIRTHS RECORDED FOR THE WEEK	504	492

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 24, 1961

HEARING CONSERVATION

The objectives of the Health Department's Ear Center program are to find children with impaired hearing, furnish medical diagnosis, initiate corrective measures, both medical and educational and prevent further hearing loss whenever possible. To accomplish this the children in the San Francisco schools are tested on a routine basis, approximately every two and a half years starting with the second grade. Children failing to pass the school group hearing tests are referred to the Ear Diagnostic Center at 101 Grove Street or to their private ear specialist for diagnosis. In addition to the follow-up from school testing, appointments to the Ear Center are made on referral by public health nurses, teachers, parents and physicians.

With each passing year more and more cases of serous otitis media are seen in the Ear Center. This condition is characterized by a collection of fluid behind the ear drum which may decrease the level of a child's hearing. The antibiotics which are in widespread use in the practice of medicine today have largely done away with the acute infections of the middle ear and mastoid but there seems to be a relationship between this and the increase in serous otitis media. The condition sometimes goes unrecognized by parents and teachers who may erroneously attribute the child's resulting inattention to day-dreaming or lack of intelligence.

If detected early, the chances for restoring normal hearing in these children are very good. This usually involves the removal of the fluid from the ear, either by means of medicines or by opening the ear drum and draining the fluid. In any case where a child is thought to be continually inattentive, unresponsive or hearing only what he wants to hear, the possibility exists that there may be a hearing problem. Nowadays many ear conditions involving a hearing loss can be corrected and the child restored to useful hearing which previously had to go without help. Any indication or suspicion of a hearing impairment should be brought to the attention of the examining physician any time a child is having a physical check-up. If further examination is warranted the physician may refer the child to an ear specialist or to the Health Department's Ear Center. Nowhere is it more true that "an ounce of prevention is worth a pound of cure."

STATISTICAL REPORT FOR THE 29th WEEK ENDING JULY 21, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	20	8	542	933
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	7	4
GONORRHEA	59	43	1655	1364
INFECTIOUS HEPATITIS	2	2	90	84
INFLUENZA	0	-	8	73
MEASLES	32	13	2160	293
MUMPS	3	10	372	846
POLIOMYELITIS	0	1	4	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	1	0	6	5
SALMONELLOSIS	0	1	57	43
STREP. INFECTION	5	2	207	248
SYPHILIS	13	11	531	539
TUBERCULOSIS	9	9	256	333
TYPHOID FEVER	1	0	2	0
WHOOPING COUGH	2	0	22	39
POLIOMYELITIS (DISEASE YEAR)**	-		2	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	200	182
BIRTHS RECORDED FOR THE WEEK	354	395

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 31, 1961

CHILD HEALTH AND SCHOOL

In approximately one month, San Francisco children will be returning to school. As parents we are naturally interested in our children's ability to make use of the excellent educational opportunities offered to them and to progress each year at a level equal to that of their classmates. But we may be equally apt to overlook the fact that good physical health is also important in enabling the child to learn effectively as well as to cope with classroom discipline and the normal give and take of the school yard. If the child is physically under par, the task of meeting the everyday intellectual, emotional and social challenges of school life may be difficult and his failure to handle them adequately can be a continuing source of frustration. Moreover, the primary grades cover a period of rapid growth and physical development in the child's life during which he is more exposed to respiratory ills and the normal childhood diseases. Proper preventive immunizations would enable the child to withstand such exposure, prevent absence from school, loss of valuable classroom time and subsequent difficulties with assigned tasks and possible permanent disability.

A health appraisal of the child by a pediatrician or the family's private doctor before the opening of school can do much to forestall these problems. Such a health examination should take into account the child's overall physical condition, bring his immunizations up to date and any other necessary follow-up work recommended by the doctor to insure the child's readiness for school. Once the school year has begun, it is important that parents keep themselves informed on the child's health status and cooperate by responding to the recommendations sent home by the school physician or nurse. In this way physical and emotional health problems can be caught early before they have a chance to assume any serious aspects.

Today's school health program is designed not only to impart health knowledge, but also to develop wholesome health attitudes and establish healthful living habits that will benefit the child throughout his life. These highly desirable objectives can be attained only to the extent that parents fulfill their unique role by supplementing the school's effort whenever and wherever they can. This cooperative endeavor between parents and school cannot but help the child lead a fuller, richer and healthier life in his adult years.

STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 28, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	4	9	546	939
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	2	0	9	5
GONORRHEA	52	41	1707	1404
INFECTIOUS HEPATITIS	3	1	93	89
INFLUENZA	0	-	8	74
MEASLES	18	22	2178	297
MUMPS	8	8	380	853
POLIOMYELITIS	0	1	4	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	6	5
SALMONELLOSIS	2	2	59	46
STREP. INFECTION	2	3	209	250
SYPHILIS	14	15	545	564
TUBERCULOSIS	11	8	266	346
TYPHOID FEVER	0	0	2	0
WHOOPING COUGH	3	0	25	39
POLIOMYELITIS (DISEASE YEAR)**	-		2	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

HEPATITIS, VIRAL	1	SYPHILIS	1
PNEUMONIA	4	TUBERCULOSIS	2

	1961	1960
DEATHS RECORDED FOR THE WEEK	191	185
BIRTHS RECORDED FOR THE WEEK	431	405

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 7, 1961

FLUORIDATION

Although dental diseases rarely cause death, their costs in money, time and pain are enormous. About 97 million people in the United States have decayed teeth requiring treatment, although only 40 percent get treatment. No social strata or age group is immune. Even if everyone who needed dental care wanted it, there would not be enough dentists to provide it. This combination of factors points to the need for a nationwide preventive measure for dental caries that is effective, safe, inexpensive, convenient, widely acceptable and automatic. The fluoridation of community water supplies meets these requirements. Added to this is the fact that this public health procedure is now approved by every major scientific and professional organization having competence in this field. It has also been approved by the World Health Organization, professional and scientific associations in many foreign countries and by responsible health officials throughout the world.

San Francisco was one of the earliest and foremost cities in adopting this wise measure to combat tooth decay. Since August 1952 we have been reaping its benefits, and local dentists report that cavities have declined markedly in the young children here. In the meantime, there has not been a single case of allergy, poisoning, disease or damage due to this procedure. While we may be justifiably proud of our civic good judgment in adopting this measure, we must also be aware that there are those who would like to see fluoridation done away with, not only here, but everywhere. In many cities throughout this and other states, these misguided and misinformed groups bring pressure to bear to defeat fluoridation whenever it appears on the ballot, or to have the measure repealed if it has already been passed. By so doing, they are not only withholding health benefits from a large portion of the population, especially children, but they are indirectly responsible for perpetuating a disease that seriously impairs the nation's health, manpower and economic resources. If dental decay were a direct cause of death, there would be little doubt of the widespread adoption of water fluoridation everywhere.

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STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 4, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	2	7	548	946
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	9	5
Gonorrhea	41	43	1748	1447
Infectious Hepatitis	3	1	96	94
Influenza	-	-	8	74
Measles	12	16	2190	300
Mumps	3	13	383	860
Poliomyelitis	1	0	5	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	0	0	6	5
Salmonellosis	3	2	62	48
Strep. Infection	3	3	212	254
Syphilis	24	13	569	586
Tuberculosis	11	6	277	347
Typhoid Fever	0	0	2	0
Whooping Cough	0	2	25	43
Poliomyelitis (Disease Year)**	-		3	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia 1

	1961	1960
Deaths recorded for the week	174	180
Births recorded for the week	377	375

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 7, 1961

FLUORIDATION

Although dental diseases rarely cause death, their costs in money, time and pain are enormous. About 97 million people in the United States have decayed teeth requiring treatment, although only 40 percent get treatment. No social strata or age group is immune. Even if everyone who needed dental care wanted it, there would not be enough dentists to provide it. This combination of factors points to the need for a nationwide preventive measure for dental caries that is effective, safe, inexpensive, convenient, widely acceptable and automatic. The fluoridation of community water supplies meets these requirements. Added to this is the fact that this public health procedure is now approved by every major scientific and professional organization having competence in this field. It has also been approved by the World Health Organization, professional and scientific associations in many foreign countries and by responsible health officials throughout the world.

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STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 4, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	2	7	548	946
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	9	5
Gonorrhea	41	43	1748	1447
Infectious Hepatitis	3	1	96	94
Influenza	-	-	8	74
Measles	12	16	2190	300
Mumps	3	13	383	860
Poliomyelitis	1	0	5	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	0	0	6	5
Salmonellosis	3	2	62	48
Strep. Infection	3	3	212	254
Syphilis	24	13	569	586
Tuberculosis	11	6	277	347
Typhoid Fever	0	0	2	0
Whooping Cough	0	2	25	43
Poliomyelitis (Disease Year)**	-		3	1

	1961	1960
Deaths recorded for the week	174	180
Births recorded for the week	377	375

* Normal expectancy based on a five-year median.

** "Disease year" begins on April 1st.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 14, 1961

GLAUCOMA

The term "glaucoma" is relatively unfamiliar to the average citizen unless he is related or acquainted with someone who has become blind as a result of the disease. Yet this condition is far more common than is generally known, and is responsible for about one-eighth of the blindness in this country. Moreover, it is likely to become an increasing problem as public health measures increase the span of life since it is a disease that strikes people in their forties, fifties or sixties. On the basis of large scale surveys made elsewhere in this country, it is estimated that two percent of the adult population over forty years of age have undetected glaucoma. This means that in San Francisco approximately eight thousand persons unknowingly suffer from this disease.

Of the two types of glaucoma, acute and chronic, the acute form is obvious because its onset is usually sudden and painful. Simple chronic glaucoma, on the other hand, is insidious in its attack. It progresses slowly and painlessly, and seldom gives warning until it has reached a stage where it is difficult to control. Very frequently early warning symptoms are not considered sufficiently serious or continuous to warrant a visit to the doctor. The perversity of the matter lies in the fact that no symptoms may be present and yet early glaucoma may exist.

Our best hope of minimizing the role of glaucoma as a leading cause of blindness is through early detection, preferably before the signs and symptoms make themselves felt. To this end, in addition to general public education about glaucoma, it is recommended that everyone over the age of forty should get a thorough eye examination at least once every two years. This means more than getting an examination for glasses. A simple and painless tonometry test which may be made by any ophthalmologist or private physician should be considered as an essential part of an eye examination or general physical checkup. Compared with the alternative of going blind, this is a mild and very profitable procedure to follow.

STATISTICAL REPORT FOR THE 32nd WEEK ENDING AUGUST 11, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	13	7	561	948
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	9	5
GONORRHEA	70	48	1818	1499
INFECTIOUS HEPATITIS	2	0	98	95
INFLUENZA	0	-	8	74
MEASLES	10	9	2200	302
MUMPS	2	10	385	862
POLIOMYELITIS	0	1	5	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
SYPHILIS	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	6	5
SALMONELLOSIS	2	2	64	51
STREP. INFECTION	1	2	213	255
SYPHILIS	21	14	589	603
TUBERCULOSIS	7	9	283	358
TYPHOID FEVER	0	0	2	0
WHOOPING COUGH	2	1	27	44
POLIOMYELITIS (DISEASE YEAR)**	-		3	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	191	209
BIRTHS RECORDED FOR THE WEEK	447	456

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

AUGUST 21, 1961

DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA & UNITED STATES, 1960

	RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	CAL.	U.S.	S.F.	CAL.	U.S.
TOTAL, ALL CAUSES	1327.1	861.1	947.0	100.0	100.0	100.0
HEART DISEASES	509.4	321.0	365.2	38.4	37.3	38.6
MALIGNANT NEOPLASMS	229.9	140.3	148.4	17.3	16.3	15.7
VASCULAR LESIONS, C.N.S.	129.8	92.7	107.1	9.8	10.8	11.3
ACCIDENTS	66.5	52.9	51.8	5.0	6.1	5.5
CIRRHOSIS OF LIVER	62.4	18.6	11.2	4.7	2.2	1.2
INFLUENZA & PNEUMONIA	40.0	33.3	36.6	3.0	3.9	3.9
DISEASES OF EARLY INFANCY	30.5	34.2	36.9	2.3	4.0	3.9
ARTERIOSCLEROSIS	29.7	15.9	10.4	2.2	1.8	1.1
SUICIDES	26.6	17.8	20.3	2.0	2.1	2.1
DIABETES	15.7	9.7	17.1	1.2	1.1	1.8
ULCERS, STOMACH & DUODENUM	12.2	6.5	6.0	0.9	0.8	0.6
TUBERCULOSIS	10.3	5.1	5.9	0.8	0.6	0.6

During 1960 there were 9,825 resident deaths in San Francisco; an increase of 266 or 2.8% over 1959. The previous high was 9,693 in 1952. The average age at death was 63 years for males, the same as in 1959, but the average age of death for women increased from 67 to 68 years. Death rates decreased from 1950 to 1960 for both California and the United States. This was due in part to the large increase in population. However, in San Francisco the death rate increased due to the combination of an increased number of deaths and a decrease in the population. The four leading causes of death were the same for the three areas. Cirrhosis of the liver, again, was fifth as a cause of death in San Francisco, seventh in California and tenth nationwide. Death rate for cirrhosis was 62 for San Francisco, in contrast to 18.6 for California and 11.2 for the entire nation. The death rates for suicides, diabetes, and tuberculosis in San Francisco are well above State and national levels. This is due in part to an aging and decreasing population.

DOCUMENTS

AUG 18 1961

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STATISTICAL REPORT FOR THE 33RD WEEK ENDING AUGUST 18, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
CHICKENPOX	3	4	564	954
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	9	5
GONORRHEA	57	32	1875	1555
INFECTIOUS HEPATITIS	7	1	104	98
INFLUENZA	-	-	8	74
MEASLES	9	11	2209	305
MUMPS	1	10	386	874
POLIOMYELITIS	1	1	6	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
RHEUMATIC FEVER	0	0	6	5
SALMONELLOSIS	2	2	66	53
STREP. INFECTION	2	1	215	257
SYPHILIS	23	15	612	626
TUBERCULOSIS	8	10	291	365
TYPHOID FEVER	0	0	2	0
WHOOPING COUGH	0	1	27	44
POLIOMYELITIS (DISEASE YEAR)**	-		4	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGITIS	1
PNEUMONIA	2
TUBERCULOSIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	199	194
BIRTHS RECORDED FOR THE WEEK	371	409

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 28, 1961

TUBERCULOSIS

Tuberculosis control in San Francisco continues to be a major public health problem. This is evidenced by the fact that in 1960 there were 536 newly diagnosed cases of active tuberculosis discovered in contrast to 495 cases diagnosed in 1959. The increased number of newly diagnosed cases was due to intensified case-finding in known high prevalence areas largely in the eastern half of the city and in high risk groups. Although the greatest number of cases were found among the white population, the non-white group, representing 18.4% of the population accounted for 178 or approximately one third of the newly diagnosed cases. Of the 536 cases, 408 were above the age of thirty years and 102 were above the age of sixty-five years. However, 71 cases or 13.3% were nineteen years of age or younger.

During 1960, 264 people died with tuberculosis but in only 76 or 29% was this disease the primary cause of death. In 66 individuals, or 25%, clinically active and significant tuberculosis was reported for the first time at or after death. This indicates two important facts: One, patients under modern chemotherapy are not dying from tuberculosis, but live longer to die of other diseases; two, that a large number of people with clinically active and significant disease are apparently relatively asymptomatic and remain undiagnosed and infectious until the end of their lives. The latter group usually have unsuspected advanced tuberculosis, which can be diagnosed in the living only with a chest x-ray. The finding of 49 unknown and unsuspected cases of tuberculosis among the admissions to the general medical and surgical wards of San Francisco General Hospital by the Admission Chest X-Ray Program confirms the magnitude of the problem of discovering the hidden reservoirs of the disease in the community.

Tuberculosis as a public health problem can be provented by finding and eliminating the active disease. This we are attempting to do by using every practical method to discover people with tuberculosis early in the course of their disease, by providing treatment for all who need it, and by keeping a watchful eye on former patients.

STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 25, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Chickenpox	2	4	566	958
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	9	5
Gonorrhea	42	41	1917	1603
Infectious Hepatitis	4	1	108	101
Influenza	3	-	11	74
Measles	3	6	2212	310
Mumps	2	6	388	881
Poliomyelitis	0	0	6	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1961 TO DATE	1960 TO DATE
Rheumatic Fever	0	0	6	5
Salmonellosis	1	4	67	57
Strep. Infection	1	1	216	259
Syphilis	16	15	628	645
Tuberculosis	10	11	301	376
Typhoid Fever	0	0	2	0
Whooping Cough	0	1	27	48
Poliomyelitis (Disease Year)**	-		4	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	4
Tuberculosis	2

	1961	1960
Deaths recorded for the week	174	165
Births recorded for the week	404	426

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

9-5-61

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 5, 1961

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HOME ACCIDENTS AND THE AGED

With the rapid reduction of infectious diseases, the rate of accidental deaths is becoming increasingly conspicuous each year. Accidents are now the fourth cause of death in all age groups, and it is estimated that for each such death there are approximately four permanent disabilities. One specific problem is accidents to the elderly; particularly falls occurring in and about the home, where the major portion of their time is spent. Some of these accidents result in death. Many more result in injuries requiring long periods of costly hospitalization and home care. The cost of this care must frequently be borne by other members of the family or by the community.

Certain characteristics resulting from the aging process affects the accident pattern, and are important as part of the accident potential. For example, as hearing and vision become impaired, and reflexes become slower, or coordination becomes faulty, there is more exposure to hazards and less ability to protect one's self. In addition, there may be physical weakness and disabilities due to arteriosclerosis, diabetes, arthritis, heart trouble or partial paralysis, all of which contribute to the accident syndrome.

It is characteristic of the elderly to cling to established habits and ways of living, and to resent what may be considered an "exaggerated" concern for his physical impairments. Nevertheless an awareness of the limitations of age and the need for adequate safeguards is essential, if serious accidents are to be avoided. Even minor adjustments within the household can do much toward eliminating potential hazards that could have serious consequences. Thus, one may decrease or eliminate these hazards by keeping the house in good repair. Since slight variations in walking may cause slips or missteps, scatter rugs and highly polished floors should be avoided. Additional attention should be given to the installation of handrails or similar supports, and to proper illumination, particularly over staircases. A periodic check of potential hazards in and about the home, plus supervision of safeguards commensurate with the needs, will not only add years to the lives of our aged, but also enable them to grow old comfortably as well as gracefully.

STATISTICAL REPORT FOR THE 35th WEEK ENDING SEPTEMBER 1, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
CHICKENPOX	3	4	569	963
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	9	5
GONORRHEA	64	45	1981	1654
INFECTIOUS HEPATITIS	1	1	109	103
INFLUENZA	1	-	12	75
MEASLES	6	5	2218	311
MUMPS	6	3	394	883
POLIOMYELITIS	0	1	6	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
RHEUMATIC FEVER	0	0	6	5
SALMONELLOSIS	2	1	69	58
STREP. INFECTION	6	2	222	259
SYPHILIS	23	14	651	663
TUBERCULOSIS	9	6	310	384
TYPHOID FEVER	0	0	2	0
WHOOPING COUGH	2	1	29	50
POLIOMYELITIS (DISEASE YEAR)**		-	4	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 3

	1961	1960
DEATHS RECORDED FOR THE WEEK	163	187
BIRTHS RECORDED FOR THE WEEK	279	368

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

* "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 11, 1961

A NEW CALIFORNIA RESTAURANT ACT

Since more people eat away from home than ever before and food borne disease is much too common, restaurant sanitation continues to be an important part of public health programs. The public must be protected against unsafe food and drink and everyone should be taught safe food preparation, storage and service. In keeping with these efforts, the State Health Department works continuously with local health departments and the food industries to insure that the public is adequately protected from unsafe foods. One example of such cooperative efforts is the new California Restaurant Act which goes into effect on September fifteenth.

This Act strengthens and increases the scope of the law which has been in existence since 1947. The definition of a restaurant has been expanded to include the following eating places which were formerly not covered: public and private school cafeterias; in-plant feeding operations including those in labor camps; clubs, boarding and guest houses. The Act specifically covers itinerant restaurants, vehicles and vending machines. The wording of the new Act is also improved and is expected to eliminate confusion and misinterpretation of the law. Other changes include the following requirements: (a) Perishable foods, including foods served at buffets and smorgasbords, must be refrigerated at or below 50 degrees Fahrenheit or held at temperatures above 140 degrees Fahrenheit; (b) Hot water and handwashing facilities must be provided for employees.

The need for improvement in the law was indicated following a study involving local health departments which was started in 1954. The law as finally adopted represents the work of industry, labor, the State Health Department and the California Conference of Local Health Officers. Interested organizations supported the bill when it was introduced in the Assembly. San Francisco residents may receive a copy of the new Act by writing to the Division of Public Health Education, San Francisco Department of Public Health, 101 Grove Street.

STATISTICAL REPORT FOR THE 36th WEEK ENDING SEPTEMBER 8, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
CHICKENPOX	1	3	570	963
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	9	5
GONORRHEA	67	38	2048	1713
INFECTIOUS HEPATITIS	4	1	113	103
INFLUENZA	0	-	12	75
MEASLES	5	5	2223	312
MUMPS	3	6	397	887
POLIOMYELITIS	0	1	6	3

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
RHEUMATIC FEVER	0	0	6	5
SALMONELLOSIS	1	2	70	59
STREP. INFECTION	1	1	223	259
SYPHILIS	16	8	667	689
TUBERCULOSIS	5	9	315	395
TYPHOID FEVER	1	0	2	0
WHOOPING COUGH	2	2	31	51
POLIOMYELITIS (DISEASE YEAR)**		-	4	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
SYPHILIS	1
TUBERCULOSIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	153	115
BIRTHS RECORDED FOR THE WEEK	390	196

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 18, 1961

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CLASSES FOR EXPECTANT PARENTS

The San Francisco Department of Public Health provides prenatal classes for prospective parents which are designed to instill a sense of security during these important months, a feeling of accomplishment during labor and a readiness to care for the baby. The instruction which is given is in no way a substitute for prenatal care given by a physician. It is a supplemental service in which the importance of understanding and following medical advice is stressed. We believe that the discussion and thinking by parents who attend these classes enable them to more fully cooperate with the instructions given by their obstetrician.

The classes are taught by public health nurses who are thoroughly trained in their subject matter and well acquainted with the needs and anxieties of expected parents. District Medical Officers give guidance in the planning of the course content and may assist in teaching certain medical aspects relating to prenatal care. Various teaching methods and aids are employed, such as group discussions, demonstrations, lectures and motion pictures. The topics covered include: (1) Diet and nutrition during pregnancy (2) Hygiene of pregnancy (3) Prenatal growth and development of the baby (4) Labor and childbirth (5) Taking the baby home and (6) Infant care.

The three health centers listed below are currently offering these classes and parents are welcome at any time. Further information regarding these parents' classes may be obtained by calling the San Francisco Health Department, UNderhill 1-4701.

Health Center	Address
Marina-Richmond	2303 Greenwich Street
North-East	799 Pacific Avenue
Sunset	1990 41st Avenue

STATISTICAL REPORT FOR THE 37th WEEK ENDING SEPTEMBER 15, 1961

CASES REPORTED:	FOR THE WEEK	5 YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
CHICKENPOX	1	6	571	969
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	9	5
GONORRHEA	60	27	2108	1756
INFECTIOUS HEPATITIS	3	1	116	105
INFLUENZA	0	-	12	75
MEASLES	8	8	2231	313
MUMPS	6	9	403	896
POLIOMYELITIS	0	0	6	3

CASES REPORTED:	FOR THE WEEK	5 YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
RHEUMATIC FEVER	0	0	6	6
SALMONELLOSIS	0	1	70	59
STREP. INFECTION	1	3	224	260
SYPHILIS	19	9	686	704
TUBERCULOSIS	7	7	320	404
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	1	1	32	53
POLIOMYELITIS (DISEASE YEAR)**			4	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
SYPHILIS	2

	1961	1960
DEATHS RECORDED FOR THE WEEK	196	231
BIRTHS RECORDED FOR THE WEEK	467	493

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 25, 1961

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SUICIDE

As progress is made on one group of public health problems, others come into bolder view. Suicide is one of these. In San Francisco, suicide ranks as the eighth cause of death, with 220 fatalities in 1960. True figures would undoubtedly be higher than those available, as a death usually is not attributed to suicide if there is any possibility of accidental cause. At present attempted suicide is not reportable. Consequently, the number of cases treated in the Emergency Hospitals of the Department of Public Health represents only a portion of the total number of suicide attempts in San Francisco. The reasons most often reported for attempting suicide are: (1) Ill-health (2) Economic distress (3) The loss of a loved one, and (4) Domestic difficulties. Behind all these expressed motives can be found certain emotional attitudes and feelings of fear, inferiority, insecurity, hatred, guilt and others. The final act of suicide often follows a long chain of contributory experiences.

Can preventive measures be taken to lessen the extent of this problem? A number of investigators have found that the easy availability of a helping person at the time of crisis can deter a suicidal act. It is best if such a person is a professional, but any level-headed individual can be of emergency help. Follow-up measures are important, however, since more deterrence of the particular suicidal act does not mean that the period of risk is over. Our local Community Mental Health Services sees nearly every person who is reported as an attempted suicide. Evaluation and emergency help are given. Some patients continue in the Adult Psychiatric Clinic after discharge from the Inpatient Observation Service. Others are referred for care to agencies elsewhere in the city. A high percentage of the acute suicidal patients who come to us are given enough skilled attention that the suicidal trend is effectively interrupted. The new Immediate Psychiatric Aid and Referral Center of the Community Mental Health Services will be an additional step in suicide prevention. A long-term study of specific matters relating to suicide in San Francisco is very much needed. A demonstration suicide study and prevention project has been under way at Los Angeles County Hospital for almost five years. An outstanding contribution has been made there.

STATISTICAL REPORT FOR THE 38th WEEK ENDING SEPTEMBER 22, 1961

CASES REPORTED:	FOR THE WEEK	5 YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
CHICKENPOX	2	6	573	981
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	9	5
GONORRHEA	67	38	2175	1800
INFECTIOUS HEPATITIS	3	2	118	112
INFLUENZA	0	-	12	76
MEASLES	7	4	2238	314
MUMPS	3	10	406	903
POLIOMYELITIS	0	0	6	3

CASES REPORTED:	FOR THE WEEK	5 YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
RHEUMATIC FEVER	0	0	6	6
SALMONELLOSIS	0	2	70	61
STREP. INFECTION	0	4	224	264
SYPHILIS	12	11	698	733
TUBERCULOSIS	3	8	324	411
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	0	32	53
POLIOMYELITIS (DISEASE YEAR)**			4	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
SYPHILIS	1
TUBERCULOSIS	1

	1961	1960
DEATHS RECORDED FOR THE WEEK	182	204
BIRTHS RECORDED FOR THE WEEK	471	423

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR OCTOBER 2, 1961

IMMEDIATE PSYCHIATRIC AID AND REFERRAL CENTER

During September, a new psychiatric information, referral and brief treatment service was inaugurated by our Community Mental Health Services. Designed to answer any call for psychiatric help in San Francisco, a team of psychiatrist, psychiatric social worker, and psychiatrically trained public health nurse is currently providing service Monday through Saturday noon at the Division of Psychiatry, San Francisco General Hospital, 22nd & Potrero. Currently, service is available from 8:30 a.m. to 5:00 p.m., but eventually the Center will operate 24 hours per day. The telephone number is MIssion 8-8200, Extension 435.

By concentrating on evaluation for referral, the new Immediate Psychiatric Aid and Referral Center hopes to answer immediately any request for psychiatric help. Most cases are referred to other facilities or agencies in the area. Prevention of hospitalization, particularly in state hospitals, is a paramount aim, and to that end the Center is preparing what is hoped will be the most extensive, knowledgeable and current index of alternative possibilities. It is believed that more patients can be more adequately served by existing psychiatric facilities if a centrally located service could make the proper referrals. The Center will eventually enable a single phone call to start an individual on his way to psychiatric help with a minimum of delay and less "chain referrals".

As a pioneer program, for no other city has a unit with similar scope or service, the Center will be utilizing some relatively new techniques in addition to the more common ones. Some of these techniques include home evaluation visits where the individual will not or cannot come to be interviewed at the Center, brief(four visit) biweekly group therapy sessions for patients with primarily psycho-social problems, and prolonged single interviews for acute or incipient psychoses. Other new techniques will be created and shaped by the special demands of limited staff, local need, and available facilities.

NOTE: On Friday, October 6 from 1:00 p.m. to 5:00 p.m., there will be an Open House at the Center, 2450 22nd Street at Potrero. All interested individuals are invited to come and discuss the goals, limitations and recent experience of the Center with members of the staff.

STATISTICAL REPORT FOR THE 39th WEEK ENDING SEPTEMBER 29, 1961

CASES REPORTED	FOR THE WEEK	5 YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
CHICKENPOX	0	4	573	984
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	10	5
GONORRHEA	69	37	2244	1848
INFECTIOUS HEPATITIS	3	2	121	114
INFLUENZA	1	-	13	76
MEASLES	7	5	2245	314
MUMPS	4	8	410	910
POLIOMYELITIS	0	1	6	4

CASES REPORTED	FOR THE WEEK	5 YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
RHEUMATIC FEVER	0	0	6	6
SALMONELLOSIS	0	1	70	63
STREP. INFECTION	3	2	227	265
SYPHILIS	21	10	719	761
TUBERCULOSIS	8	8	331	417
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	1	1	33	54
POLIOMYELITIS (DISEASE YEAR)**			4	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGOCOCCEMIA	1
PNEUMONIA	6

	1961	1960
DEATHS RECORDED FOR THE WEEK	195	220
BIRTHS RECORDED FOR THE WEEK	318	508

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL FIRST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 9, 1961

ADULT PSYCHIATRIC CLINIC

One of the units of the Health Department's Community Mental Health Services is the Adult Psychiatric Clinic which is housed at San Francisco General Hospital. This clinic provides outpatient psychiatric treatment for eligible adults 18 years of age and older on referral from clinics, agencies and physicians in private practice. The program consists essentially of two main parts, one concerning patients discharged from the psychiatric treatment wards and the other with persons so acutely upset that they are unable to wait on the waiting list of another facility.

1. For patients discharged from the Treatment Wards, the clinic is the primary outpatient treatment agency and manages their care through the transition from hospital to the community. Following this period, a treatment program is planned according to the patient's need, whether individual psychotherapy, group therapy, or brief followup visits. At any one time, there are approximately 25 patients in the transition group.

2. The short term acute treatment care consists usually of three months of individual treatment with a psychiatrist and is initiated by a telephone referral to the psychiatric social worker. The purpose is to effect at least a return to the level of adjustment prior to the acute upset and hopefully to a more adaptive one. Due to severe staff limitations, continued care (other than in group psychotherapy) is impossible to provide for this group and patients desiring further exploration of their difficulties are referred elsewhere.

Additionally, the clinic has an extensive group psychotherapy program for which referrals are invited. The only exclusion other than psychiatric, residence or financial ineligibility would be persons so acutely anxious they would require individual care as in No. 2.

Last fiscal year the clinic provided 2,649 group interviews and 4,361 individual interviews, or a total of 7,010 interviews, an increase of approximately 75% over the preceding fiscal year. The staff consists of two full-time psychiatric social workers, one full-time acting Director (a psychiatrist), two and three-quarters psychiatric positions (filled with part-time psychiatrists), and one full-time secretary. At present two of the part-time psychiatric positions are vacant necessitating a careful screening of referrals.

DOCUMENTS

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STATISTICAL REPORT FOR THE 40th WEEK ENDING OCTOBER 6, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
CHICKENPOX	4	3	577	987
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	10	5
GONORRHEA	99	51	2343	1898
INFECTIOUS HEPATITIS	3	1	124	121
INFLUENZA	1	-	14	76
MEASLES	7	6	2252	315
MUMPS	4	11	414	918
POLIOMYELITIS	0	0	6	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
RHEUMATIC FEVER	1	0	7	6
SALMONELLOSIS	3	2	73	65
STREP. INFECTION	3	2	230	267
SYPHILIS	26	11	745	773
TUBERCULOSIS	8	8	339	425
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	1	0	34	54
POLIOMYELITIS (DISEASE YEAR)**	-		4	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 5

	1961	1960
DEATHS RECORDED FOR THE WEEK	152	131
BIRTHS RECORDED FOR THE WEEK	524	437

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

** DISEASE YEAR BEGINS ON APRIL FIRST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR OCTOBER 16, 1961

PLASTIC BAGS CAN BE DANGEROUS!

The recent plastic bag death in the East Bay is a grim reminder of the everpresent danger of plastic film to children. In this case a four month old baby girl accidentally suffocated when her mother removed a plastic cover from a sweater, left the room for several minutes and returned to find her daughter dead. Following are examples of the eleven deaths to California children involving plastic film products in 1960, as reported by the State Department of Public Health: (a) A dry cleaner's bag used as a mattress cover. Eight month old boy found with plastic cover wrapped and twisted around his head; (b) A bag for packing turkeys was used as a diaper container and left on the bed. Eleven month old girl found with bag over her head; (c) A plastic bag was used as ukulele cover. Two year old girl found with bag over her head; (d) A four month old child found dead from a dry cleaner's bag which a two year old sister had retrieved from the garbage can and used to cover the baby; (e) Two year old boy found on the kitchen floor with a sweater bag over his head. Bag had been discarded in kitchen trash can.

Plastic bags as used by the cleaning and food packaging industries are useful articles which are here to stay. They have been accepted as another item used for modern convenience. However, we should be aware of the risks when these bags are used as playthings. It is the misuse of plastic bags that is dangerous, particularly to small children. This plastic material is a very thin polyethylene which is shiny, silky and soft to the touch, pliable and transparent. All of these qualities make plastic film attractive to children as a plaything. But the thin film may cling to the face, shutting off air from the mouth and nose, ending in mechanical suffocation.

All parents should know and observe the following precautions:

(1) After a plastic bag, cover or wrapping has served its purpose, dispose of it! Do this by burning, or by tying it into knots and disposing into a refuse container.
(2) Never use plastic film as a cover for mattresses, pillows, or blankets!
(3) Never let children play with plastic film or leave it about where they can have access to it. Plastic bags are not playthings!

Note: Halloween is a time when children like to wear masks and pull disguises over their heads. Parents should make certain that plastic bags are not used for this purpose.

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STATISTICAL REPORT FOR THE 41st WEEK ENDING OCTOBER 13, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	15	9	592	988
Diphtheria	0	0	0	0
Epidemic Meningitis	1	0	11	5
Gonorrhea	72	37	2415	1935
Infectious Hepatitis	4	2	128	123
Influenza	0	-	14	76
Measles	8	6	2260	317
Mumps	6	14	420	922
Poliomyelitis	0	0	6	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	6
Salmonellosis	1	1	74	65
Strep Infection	5	2	235	269
Syphilis	14	14	759	794
Tuberculosis	10	5	348	434
Typhoid Fever	0	0	1	0
Whooping Cough	0	1	34	55
Poliomyelitis (Disease Year)**	-		4	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	3
Syphilis	2

	1961	1960
Deaths recorded for the week	149	166
Births recorded for the week	350	468

* Normal expectancy based on a five year median.
** Disease year begins on April 1st.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR OCTOBER 23, 1961

SAN FRANCISCO'S POPULATION

Information about the people who make up the population of San Francisco has many applications, being used in business planning and by governmental and other agencies. In the provision of health and welfare services the appraisal of problems and the planning of sound programs to meet them must be based on an understanding of the number, composition and distribution of the population. The 1960 Decennial Census has given us new and accurate data on our population composition. One characteristic of our April 1, 1960 population of 740,316 is the breakdown by age, and we find significant changes in comparison with the census year of 1950:

POPULATION BY AGE GROUP, SAN FRANCISCO, 1960 & 1950

	1960		1950	
	Number	Percent	Number	Percent
	740,316	100.0	775,357	100.0
Under 5	58,851	8.0	62,921	8.1
5 to 14	98,189	13.3	75,944	9.8
15 to 24	91,155	12.3	99,358	12.8
25 to 44	199,362	26.9	262,705	33.9
45 to 64	199,151	26.9	200,379	25.8
65 & Over	93,608	12.6	74,050	9.6

The marked increase in the 5 to 14 age group means increases in school enrollment, while the decrease in the 25 to 44 age group reflects the move to the suburbs. The 65 and over age group rose from 9.6% in 1950 to 12.6% in 1960, high compared with 1960 percentages of 9.5 for Alameda County, 6.7 for San Mateo County, 5.5 in Contra Costa County, 8.8 in California and 9.2 in the United States. Today San Francisco is a city of older people, significant from a public health standpoint. Of the 93,608 San Franciscans 65 and over, 55% are females and 45% males.

STATISTICAL REPORT FOR THE 42nd WEEK ENDING OCTOBER 20, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	4	6	596	993
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	11	5
Gonorrhea	64	41	2479	2007
Infectious Hepatitis	7	0	135	123
Influenza	1	-	15	76
Measles	15	9	2275	319
Mumps	14	16	434	928
Poliomyelitis	0	0	6	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	6
Salmonellosis	4	1	78	66
Strep Infection	6	7	241	270
Syphilis	32	16	791	816
Tuberculosis	2	8	350	442
Typhoid Fever	0	0	1	0
Whooping Cough	0	0	34	55
Poliomyelitis (Disease Year)**	-		4	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Syphilis	1
Tuberculosis	1
Viral Hepatitis	1

	1960	1961
Deaths recorded for the week	232	195
Births recorded for the week	447	446

* Normal expectancy based on a five-year median.

** "Disease Year" begins on April 1st.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 30, 1961

LEADING CAUSES OF DEATH FOR SAN FRANCISCO WHITES, NEGROES AND CHINESE WITH RANK ORDER AND RATE PER 100,000 POPULATION, 1960

	WHITES		NEGROES		CHINESE	
	RANK	RATE	RANK	RATE	RANK	RATE
ALL CAUSES	-	1481.8	-	670.9	-	688.7
Heart Disease	1	587.5	1	149.2	1	205.8
Cancer	2	259.3	2	106.2	2	118.0
Cerebral Hemorrhage	3	145.4	4	55.1	3	71.3
Accidents	4	72.5	5	49.7	6	27.4
Cirrhosis of Liver	5	67.7	6	48.4	4	35.7
Influenza and Pneumonia	6	44.3	8	20.2	7	24.7
Suicides	7	33.9	-	2.7	5	32.9
Arteriosclerosis	8	30.9	10	8.1	-	5.5
Diseases of Early Infancy	9	25.3	3	72.6	8	19.2
Diabetes	10	16.9	12	5.4	10	13.7
Ulcers of Stomach and Duodenum	11	13.7	13	4.0	-	2.8
Tuberculosis	12	10.1	10	8.1	7	24.7
Congenital Malformations	13	9.3	9	13.4	11	11.0

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San Francisco's 1960 population of 740,316 is comprised of 604,403 in the white racial group, 74,383 Negro and 36,445 Chinese. The percentages of total population are 81.6, 10.1 and 4.9 respectively compared with 89.5, 5.6 and 3.2 in the 1950 census. The table shows that the death rates for whites are much higher than for the other two groups for the first six ranking causes of death and for arteriosclerosis and ulcers. Whites have the lowest rate for congenital malformations. Negro death rates are highest for diseases of early infancy and congenital malformations but appreciably lower for suicides and diabetes. Chinese death rates are highest for tuberculosis but lowest for accidents, cirrhosis of liver, arteriosclerosis, diseases of early infancy and ulcers. The table also reflects the relatively "younger" non-white population in San Francisco.

STATISTICAL REPORT FOR THE 43rd WEEK ENDING OCTOBER 27, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	2	8	598	1001
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	11	5
Gonorrhea	76	41	2555	2056
Infectious Hepatitis	3	2	138	125
Influenza	1	-	16	76
Measles	7	11	2282	320
Mumps	12	13	446	941
Poliomyelitis	0	0	6	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	6
Salmonellosis	1	2	79	66
Strep. Infection	0	3	241	272
Syphilis	36	12	827	851
Tuberculosis	12	9	362	446
Typhoid Fever	0	0	1	0
Whooping Cough	2	1	36	55
Poliomyelitis (Disease Year)**	-		4	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	1
Tuberculosis	1

	1961	1960
Deaths recorded for the week	205	200
Births recorded for the week	405	387

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 6, 1961

CIVIL DEFENSE AND PUBLIC HEALTH

Leadership in handling health emergencies arising from disaster, whether natural or man-made, has always been considered an integral part of public health. The realities of today's world indicate that we must now be ready to meet the possibility of new types of emergencies arising from modern warfare, whether nuclear, biological or chemical. Preparation for meeting these new responsibilities and problems must be undertaken despite our natural reluctance to admit their awesome possibility. As in our more familiar public health programs, the key to safety will depend largely on individual preparedness and effort backed by community cooperation and the partnership of professional and voluntary health agencies.

As a part of such preparation, an in-service course in civil defense was recently begun for Health Department personnel, under the auspices of the U.S. Food and Drug Administration and the San Francisco Civil Defense office. Technical and professional members of the Health Department, including two physicians, twenty-five inspectors, four microbiologists and a chemist attended this session of the course. The material which was very ably presented, covered such topics as the nature of toxic chemical agents, mode of transmission, effects and defensive measures; biological warfare and its significance; nuclear radiation, and fall-out; radiation biology and civil defense instruments. Practical problems on these topics as they relate to community health were submitted to the class for solution.

As professional health workers, we value civil defense training as offering the most practical and feasible means of saving the greatest number of lives in the event of disaster. Participation in such training provides an excellent opportunity for each of us to enhance our ability to strengthen the defense of our community. While we hope and pray that we may never have to make use of such training, let us keep in mind the sage remark that: "When Noah built the ark, it wasn't raining".

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STATISTICAL REPORT FOR THE 44th WEEK ENDING NOVEMBER 3, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	5	7	603	1002
Diphtheria	0	0	0	0
Epidemic Meningitis	1	0	12	5
Gonorrhea	48	41	2603	2120
Infectious Hepatitis	2	0	140	125
Influenza	1	-	17	76
Measles	23	5	2305	325
Mumps	15	7	461	948
Poliomyelitis	0	0	6	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	7
Salmonellosis	2	2	81	67
Strep Infection	9	5	250	277
Syphilis	14	10	841	866
Tuberculosis	5	11	368	456
Typhoid Fever	0	0	1	0
Whooping Cough	0	0	36	55
Poliomyelitis (Disease Year)**		-	4	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	2

	1961	1960
Deaths recorded for the week	193	189
Births recorded for the week	407	397

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 13, 1961

NATIONAL DIABETES WEEK

The week of November 12 - 18 is National Diabetes Week. As in many communities in the country, San Francisco will have a special program reminding people of the importance of diabetes and the need for early diagnosis and treatment. We welcome Blair Holcomb, M.D. of Portland, Oregon, national president of the American Diabetes Association, who will give an address entitled, "Living with Diabetes", at an open meeting at the University of California Medical Center Auditorium, San Francisco, November 14, 1961, at 8:00 P.M. We should remember that in 1960 diabetes ranked tenth as a cause of death in San Francisco, with 116 deaths. On a basis of mass surveys performed in different parts of the United States, we are able to project that at least 2% of our population has the disease, and probably half of those are unaware of this fact. These figures illustrate the relative importance of the health problem involved.

Although diabetes can develop at any age, we know that its prevalence increases with advancing years. San Francisco with a higher average age than surrounding counties can expect to have a proportionately larger number of diabetics. There are other factors which are associated with higher diabetes rates and should influence decisions as to the necessity and frequency of examinations for diabetes. Contributing some measure of increasing risk are overweight, pregnancies and a history of diabetes in the family.

Diabetes is important not only because of its acute derangement of body chemistry, but also because it predisposes to the early development of arteriosclerosis and resulting complications. In severe, untreated cases, the disease is marked by noticeable increases in thirst, almost constant hunger and frequent urination. Other symptoms may be easy tiring, changes in vision, loss of strength and vigor and slow healing of cuts and wounds. Older persons in whom these symptoms occur may erroneously attribute them to advancing age and the disease thus may go on unrecognized and unchecked until the patient presents himself for treatment of some other temporary complaint. A diagnosis can be confirmed by relatively simple laboratory procedures in most instances. Treatment with diet and/or insulin controls symptoms and prevents complications, permitting normal activities. As can be seen, the disease can be diagnosed readily and treated successfully, therefore the chronic complications of the longstanding untreated disease are not necessary.

STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 10, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	17	5	620	1002
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	12	5
Gonorrhea	60	40	2663	2164
Infectious Hepatitis	1	2	141	127
Influenza	0	-	17	76
Measles	12	11	2317	330
Mumps	17	20	478	954
Poliomyelitis	0	0	6	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	7
Salmonellosis	2	2	83	69
Strep. Infection	12	5	262	282
Syphilis	40	11	881	877
Tuberculosis	11	7	379	466
Typhoid Fever	0	0	1	0
Whooping Cough	1	1	37	55
Poliomyelitis (Disease Year)**	-		4	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Influenza	1
Pneumonia	2
Syphilis	1
Tuberculosis	1

	1961	1960
Deaths recorded for the week	201	138
Births recorded for the week	461	357

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 20, 1961

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THE TUBERCULIN TESTING PROGRAM IN THE SCHOOLS

During the past year 57 previously unknown cases of tuberculosis were discovered through the school tuberculin skin testing program. The program is conducted by the San Francisco Department of Public Health with the cooperation of the administration of public and private schools. The test is offered annually to all students in the first, seventh, tenth, and twelfth grades and all students new to San Francisco schools, except for kindergarten. Previously known positive reactors are excluded.

During the 1960-1961 school year, 28,837 students were tested, of which 1,710 or 5.9%, reacted positively to the tuberculin. This indicated that these students had been infected by the tubercle bacillus at some time during their life, but did not necessarily indicate that they had active clinical tuberculosis. However, clinical tuberculosis could only be excluded by further evaluation and a chest x-ray. Furthermore, the source of the active cases that infected these children was sought through examination of the close family contacts.

As a result of the follow-up examination of the 1,710 students who reacted positively to the tuberculin test, a total of 38 cases of active tuberculosis were found in school children: 13 in high school, 5 in junior high school, 20 in elementary school. The examination of family contacts revealed 19 previously unknown cases of active tuberculosis in the homes. Of the 57 cases discovered through this program, 22 were active primary or childhood type; 20 had minimal, 7 had moderately advanced, 4 had far advanced pulmonary tuberculosis; there were two patients with pleural effusion, and two with Tuberculosis Cervical Adenitis.

Tuberculin skin testing in the schools has been one of the most effective tuberculosis casefinding programs in San Francisco. During the past five years 134596 students were tested of whom 8,359, or 6.2%, were positive reactors. The follow-up examinations revealed a total of 316 newly diagnosed cases of tuberculosis; 212 in school children and 104 in family contacts. The casefinding rate has been 2.35 cases per 1,000 skin tests given. The effectiveness of the program has been due to the extensive follow-up of positive reactors and their immediate family contacts by the Health Department and family physicians. This is pointed up by the fact that 38 newly diagnosed cases were found for each thousand positive reactors discovered in the program.

STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 17, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	18	7	638	1008
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	12	5
Gonorrhea	75	41	2738	2241
Infectious Hepatitis	5	1	146	130
Influenza	2	-	19	76
Measles	37	6	2354	331
Mumps	22	27	500	960
Poliomyelitis	0	0	6	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	7
Salmonellosis	0	1	83	87
Strep. Infection	7	7	269	289
Syphilis	19	13	900	905
Tuberculosis	6	11	385	478
Typhoid Fever	0	0	1	0
Whooping Cough	0	0	37	55
Poliomyelitis (Disease Year)**	-		4	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	3
Tuberculosis	2

	1961	1960
Deaths recorded for the week	169	209
Births recorded for the week	311	500

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 27, 1961

MENTAL HEALTH CONSULTATION SERVICES

One of the services which functions under the recently established San Francisco Community Mental Health Services is that of Consultation. This comprises what is known as an indirect, rather than direct, service to the community; that is, consultation involves members of the staff of our Community Mental Health Services consulting with the staff and personnel of other key departments or agencies within the community, rather than working directly with the public or with specific patients. The purpose is to help these agencies deal more effectively with their clients' mental health problems before they become severe enough to require psychiatric treatment. Such consultation will ultimately reach a much broader spectrum of the community at large than could be done on a direct service basis with the equivalent amount of time. To provide this service, a chief of consultation services has been appointed whose responsibility it is to organize and supervise the consultation program. Professional staff from all units of the Community Mental Health Services, namely, the Child Psychiatric Clinic, the Adult Guidance Center, and the Psychiatric Division at the San Francisco General Hospital, are used to provide consultation.

Consultants who participate in this program are then assigned to work with the staff of various agencies. Until fairly recently, such services were offered to certain units within the San Francisco Department of Public Health, primarily to the staff of the Health Centers. However, at the beginning of this fiscal year, considerable expansion of such services has occurred, so that currently some amount of consultation time is being used by many public and private agencies such as the Board of Education, Department of Public Welfare, Parochial Schools, Child Care Centers, Family Life Education Service, San Francisco Council of Churches, San Francisco Senior Center, Big Brothers, International Institute, Salvation Army, Alcoholic Rehabilitation Association, Adult Probation Department and others. This is in addition to the consultation services given to Health Department units, now including Pediatrics Service at San Francisco General Hospital.

So far, the amount of time available to provide such services is rather limited in relation to the requests for consultation that we have received from the outside, but a significant beginning has been made in meeting this important community need. Although it is still too early to assess the overall significance of this work, it is our firm conviction that this represents a basic and valuable approach in dealing with the question of community mental health.

STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 24, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	4	11	642	1015
Diphtheria	0	0	0	0
Epidemic Meningitis	1	0	13	5
Gonorrhea	61	35	2799	2280
Infectious Hepatitis	3	1	149	131
Influenza	3	-	22	76
Measles	26	3	2380	334
Mumps	10	27	510	963
Poliomyelitis	0	1	6	5

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	8
Salmonellosis	1	2	84	72
Strep. Infection	2	6	271	291
Syphilis	15	14	915	919
Tuberculosis	7	9	391	488
Typhoid Fever	0	0	1	1
Whooping Cough	0	0	37	55
Poliomyelitis (Disease Year)**	-		4	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Meningococcal Meningitis	1
Pneumonia	2
Serum Hepatitis	1

	1961	1960
Deaths recorded for the week	174	184
Births recorded for the week	255	337

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 4, 1961

POLIO IMMUNIZATION FOR STUDENTS

On January 10, 1962, a new state law goes into effect which provides that no student shall be enrolled in school unless he has been immunized against poliomyelitis with the Salk vaccine. Students of public, parochial and private schools are included, from kindergarten or first grade through City College of San Francisco. Children in nursery schools are excluded. Adults who enroll in adult classes conducted by the San Francisco Unified School District also must comply with this law. Responsibility for compliance is by the adult student, or by the parent or guardian of a minor pupil.

As defined by the State Department of Public Health, the immunization must consist of a total of three inoculations, with a minimum interval of two weeks between each injection, providing the remaining required injections are obtained within a year from the date of admission. Oral immunization will not qualify a student. At the present time only Salk vaccine is acceptable, since all of the types of oral poliomyelitis vaccine are not yet available.

Parents are requested not to call the schools at this time for information. It is an individual and a family responsibility to maintain records of immunization. A record or statement of polio immunization from the parent or guardian (or adult student) or a statement signed by a physician should be presented at school to qualify a pupil for admission.

All students must comply with the law for enrollment at the beginning of the school year in September, 1962. However, for the remainder of the 1961-62 school year, only those students who are new in a particular San Francisco school need to show evidence of polio immunization. Included in this group would be pupils entering kindergarten or the first grade, pupils transferred or promoted from one school to another, pupils enrolling for the first time in a San Francisco school and students enrolling in adult education classes. Immunization is not required if a written statement by a physician indicates that the inoculation would be detrimental to the pupil's health or if a statement is filed that immunization is contrary to the student's beliefs.

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STATISTICAL REPORT FOR THE 48th WEEK ENDING DECEMBER 1, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	16	11	658	1020
Diphtheria	0	0	0	0
Epidemic Meningitis	2	0	15	6
Gonorrhea	61	45	2860	2333
Infectious Hepatitis	1	1	150	132
Influenza	1	-	23	77
Measles	40	6	2420	336
Mumps	32	13	542	967
Poliomyelitis	0	0	6	5

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	8
Salmonellosis	1	3	85	75
Strep. Infections	9	5	280	296
Syphilis	16	14	931	933
Tuberculosis	12	6	402	496
Typhoid Fever	0	0	1	1
Whooping Cough	0	0	37	56
Poliomyelitis (Disease Year)**	-		4	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Meningococcemia	1
Pneumonia	5

	1961	1960
DEATHS RECORDED FOR THE WEEK	236	222
BIRTHS RECORDED FOR THE WEEK	403	430

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 11, 1961

PSYCHIATRIC INPATIENT SERVICE

The divisions of our Community Mental Health Services located at San Francisco General Hospital are the Adult Psychiatric Clinic, the Immediate Psychiatric Aid and Referral Center and the Psychiatric Inpatient Service. The first two named divisions provide services on an outpatient basis and were discussed in previous issues of the Weekly Bulletin. Inpatient psychiatric services consist of two units - the emergency Admission and Observation Wards and the 90-day Treatment Wards.

The Inpatient Admission and Observation Wards, one male ward and one female ward, function as the emergency treatment and screening unit for all types of psychiatric problems. A psychiatrist is on call at all times for the examination of the many cases brought to the hospital for evaluation and possible admission. All acutely disturbed psychiatric patients, suicide attempts, and any person who feels that he requires psychiatric hospitalization and lacks adequate funds for private care are hospitalized here pending evaluation and disposition. Also, all cases awaiting a court hearing on Mental Illness, Stimulant, Narcotic or Epileptic petitions are evaluated here, and if the petition is issued, the patient is observed and a complete evaluation done before his court hearing. There are an average of 500 admissions per month, with about 200 other patients examined but not admitted. Of these 500 admissions approximately half are committed to a state hospital for further treatment and the remainder recover sufficiently to be discharged after several days of care.

The Inpatient Treatment Wards consist of two wards, one male and one female, each accommodating 19 patients. An average of 180 patients per year are treated in these wards. The unit stresses intensive treatment with group therapy, individual therapy, drugs, electric-shock treatment, occupational therapy and recreational activities. Suitable cases for these wards are selected from the admissions on the Observation wards, and there is a very high recovery rate with approximately 90% of the patients treated responding well enough to return to their work and families. The patients selected are those who are residents of San Francisco, lack funds for private care, are willing to sign in voluntarily, and seem to be the type of patients who are in need of the intensive and expensive care that we offer and will respond to this type of care in our 90-day treatment period.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 8, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Chickenpox	9	16	667	1022
Diphtheria	0	0	0	0
Epidemic Meningitis	0	0	15	6
Gonorrhea	62	42	2922	2394
Infectious Hepatitis	6	2	156	137
Influenza	1	-	24	77
Measles	44	6	2464	342
Mumps	23	17	565	984
Poliomyelitis	0	0	6	5

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
Rheumatic Fever	0	0	7	9
Salmonellosis	4	2	89	77
Strep. Infections	8	7	288	304
Syphilis	26	11	957	951
Tuberculosis	14	8	417	506
Typhoid Fever	0	0	1	1
Whooping Cough	0	0	37	57
Poliomyelitis (Disease Year)**	-		4	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia 5

	1961	1960
DEATHS RECORDED FOR THE WEEK	210	222
BIRTHS RECORDED FOR THE WEEK	328	414

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

DOCUMENTS

DEC 11 1961

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 18, 1961

THE HAZARDS OF BEING A PEDESTRIAN

The coming of the winter months with their generally adverse weather conditions brings anespecially hazardous situation for the pedestrian and emphasizes the need for increased vigilance and caution at this time. The shorter days with early approach of darkness, the difficulty of sudden stops by motorists on wet or slippery streets and the frequent reduced visibility from rain or other inclement weather - all contribute to the dangers of both driving and walking. The increased pace from Christmas shopping and holiday visiting brings more vehicular traffic and more pedestrians on the streets which adds to the traffic hazards. Inevitably, some people in a hurry or fatigued will be careless and may endanger themselves and others by taking chances.

The San Francisco Police Department reports that during 1960, 6,092 traffic accidents in San Francisco resulted in death or injury - 81 people died and 8,137 were injured. Of the 8,137 who were injured, 1,558 or about 19% were pedestrians. Of the 81 deaths, 38 people, or 47%, were pedestrians. This indicates that pedestrians contribute a disproportionate number of deaths of all those resulting from traffic accidents. Generally, pedestrians comprise about one-half of the total urban traffic fatalities, with the peak of pedestrian deaths occurring in December. Also, about one-third of the pedestrians killed in motor vehicle accidents are aged 65 or over. This especially hazardous situation for the pedestrian, particularly for the older one, emphasizes the need for increased vigilance and caution at this time. Pedestrians who want to live need to observe the following simple safety rules and all of us are pedestrians, at least part-time:

1. Cross the street at corners only and in crosswalks. Never step into the street from between parked cars. Never jaywalk.
2. Wait on the sidewalk - not in the street, and cross only on green light or WALK. Watch for cars turning, even though you have the right-of-way.
3. Be especially careful after getting off a bus or streetcar.
4. Walk on the left facing traffic where there are no sidewalks.
5. Be doubly careful after dark and in bad weather. Carry or wear something white or light colored.
6. Parents should hold the hand of a young child for protection and to teach him to walk in safety. Remember, children are great imitators so parents need to set a good example and be certain their own actions can be safely copied. In other words: "Preach what you practice."

STATISTICAL REPORT FOR THE 50th WEEK ENDING DECEMBER 15, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
CHICKENPOX	6	14	673	1033
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	0	16	6
GONORRHEA	82	39	3004	2441
INFECTIOUS HEPATITIS	4	0	160	140
INFLUENZA	0	-	24	77
MEASLES	31	8	2495	349
MUMPS	11	27	576	992
POLIOMYELITIS	0	1	6	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
RHEUMATIC FEVER	0	0	7	9
SALMONELLOSIS	2	4	91	79
STREP. INFECTIONS	5	7	293	306
SYPHILIS	22	18	979	976
TUBERCULOSIS	12	10	429	516
TYPHOID FEVER	0	0	1	1
WHOOPING COUGH	1	1	38	57
POLIOMYELITIS (DISEASE YEAR)**		-	4	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGOCOCCEMIA	1
PNEUMONIA	3
TUBERCULOSIS	2

	1961	1960
DEATHS RECORDED FOR THE WEEK	220	221
BIRTHS RECORDED FOR THE WEEK	489	423

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1st

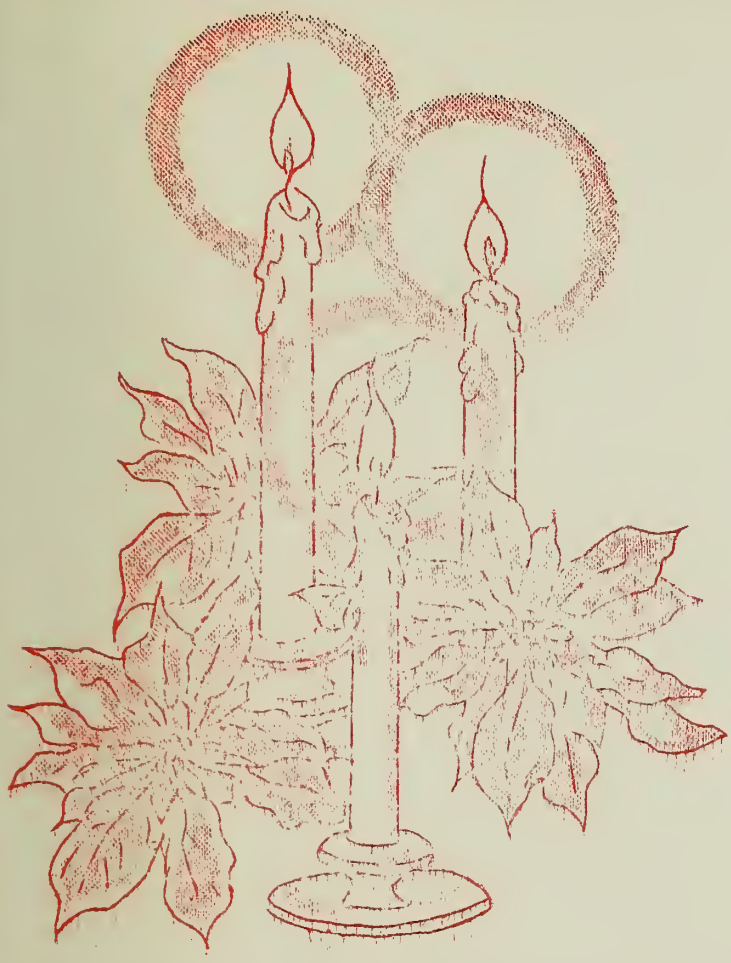
WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

DECEMBER 26, 1961



A MERRY CHRISTMAS

and a

HEALTHFUL and HAPPY

NEW YEAR

TO ALL OUR FRIENDS

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Dec 27 1961

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STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 22, 1961

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
CHICKENPOX	35	16	708	1047
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	16	7
GONORRHEA	44	54	3048	2509
INFECTIOUS HEPATITIS	4	1	164	141
INFLUENZA	0	-	24	77
MEASLES	27	9	2522	351
MUMPS	6	14	582	999
POLIOMYELITIS	0	0	6	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1961	TO DATE 1960
RHEUMATIC FEVER	0	0	7	10
SALMONELLOSIS	0	2	91	85
STREP. INFECTIONS	1	6	294	320
SYPHILIS	14	19	993	995
TUBERCULOSIS	4	10	294	525
TYPHOID FEVER	0	0	1	1
WHOOPING COUGH	1	0	39	57
POLIOMYELITIS (DISEASE YEAR)**		-	4	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	2
PNEUMONIA	3

	1961	1960
DEATHS RECORDED FOR THE WEEK	207	186
BIRTHS RECORDED FOR THE WEEK	312	320

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL FIRST.

239-5-790